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UNIVERSAL DOCUMENTATION SYSTEM HANDBOOK

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VOLUME 2

REQUIREMENT FORMATS AND INSTRUCTIONS

PROGRAM INTRODUCTION

PROGRAM REQUIREMENTS DOCUMENT/OPERATIONS REQUIREMENTS

RANGE COMMANDERS COUNCIL

WHITE SANDS MISSILE RANGE
KWAJALEIN ATOLL
YUMA PROVING GROUND
ELECTRONIC PROVING GROUND

PACIFIC MISSILE TEST CENTER
NAVAL WEAPONS CENTER
ATLANTIC FLEET WEAPONS TRAINING FACILITY
NAVAL AIR TEST CENTER

EASTERN SPACE AND MISSILE CENTER
MUNITIONS SYSTEMS DIVISION
WESTERN SPACE AND MISSILE CENTER
CONSOLIDATED SPACE TEST CENTER
AIR FORCE FLIGHT TEST CENTER
AIR FORCE TACTICAL FIGHTER WEAPONS CENTER

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August 1989

Universal Documentation System Handbook, Volume 2, Requirement Formats and Instructions, Program Introduction and Program Requirements Document/Operations Requirements

Documentation Group
Range Commanders Council
White Sands Missile Range, NM 88002

RCC Document 501-90
Volume 2

Range Commanders Council
STEWS-SA-R
White Sands Missile Range, NM 88002

same as block 8

New document number (formerly 501-89).

APPROVED FOR PUBLIC RELEASE: DISTRIBUTION UNLIMITED

The handbook describes the Universal Documentation System (UDS). The UDS is used to formally document requesting agency program support requirements and support agency capabilities and commitments to support those requirements. The handbook is separated into 3 volumes.



UDS

692

UNCLASSIFIED UNCLASSIFIED UNCLASSIFIED NONE

91 8 20 197

GENERAL INSTRUCTIONS FOR COMPLETING SF 298

The Report Documentation Page (RDP) is used in announcing and cataloging reports. It is important that this information be consistent with the rest of the report, particularly the cover and title page. Instructions for filling in each block of the form follow. It is important to **stay within the lines to meet optical scanning requirements.**

Block 1. Agency Use Only (Leave Blank)

Block 2. Report Date. Full publication date including day, month, and year, if available (e.g. 1 Jan 88). Must cite at least the year.

Block 3. Type of Report and Dates Covered. State whether report is interim, final, etc. If applicable, enter inclusive report dates (e.g. 10 Jun 87 - 30 Jun 88).

Block 4. Title and Subtitle. A title is taken from the part of the report that provides the most meaningful and complete information. When a report is prepared in more than one volume, repeat the primary title, add volume number, and include subtitle for the specific volume. On classified documents enter the title classification in parentheses.

Block 5. Funding Numbers. To include contract and grant numbers; may include program element number(s), project number(s), task number(s), and work unit number(s). Use the following labels:

C	- Contract	**PR**	- Project
G	- Grant	**TA**	- Task
PE	- Program Element	**WU**	- Work Unit Accession No.

Block 6. Author(s). Name(s) of person(s) responsible for writing the report, performing the research, or credited with the content of the report. If editor or compiler, this should follow the name(s).

Block 7. Performing Organization Name(s) and Address(es). Self-explanatory.

Block 8. Performing Organization Report Number. Enter the unique alphanumeric report number(s) assigned by the organization performing the report.

Block 9. Sponsoring/Monitoring Agency Names(s) and Address(es). Self-explanatory.

Block 10. Sponsoring/Monitoring Agency. Report Number. (If known)

Block 11. Supplementary Notes. Enter information not included elsewhere such as: Prepared in cooperation with...; Trans. of ..., To be published in .... When a report is revised, include a statement whether the new report supersedes or supplements the older report.

Block 12a. Distribution/Availablity Statement. Denote public availability or limitation. Cite any availability to the public. Enter additional limitations or special markings in all capitals (e.g. NOFORN, REL, ITAR)

DOD	- See DoDD 5230.24, "Distribution Statements on Technical Documents."
DOE	- See authorities
NASA	- See Handbook NHB 2200.2.
NTIS	- Leave blank.

Block 12b. Distribution Code.

DOD	- DOD - Leave blank
DOE	- DOE - Enter DOE distribution categories from the Standard Distribution for Unclassified Scientific and Technical Reports
NASA	- NASA - Leave blank
NTIS	- NTIS - Leave blank.

Block 13. Abstract. Include a brief (Maximum 200 words) factual summary of the most significant information contained in the report.

Block 14. Subject Terms. Keywords or phrases identifying major subjects in the report.

Block 15. Number of Pages. Enter the total number of pages.

Block 16. Price Code. Enter appropriate price code (NTIS only).

Blocks 17. - 19. Security Classifications. Self-explanatory. Enter U.S. Security Classification in accordance with U.S. Security Regulations (i.e., UNCLASSIFIED). If form contains classified information, stamp classification on the top and bottom of the page.

Block 20. Limitation of Abstract. This block must be completed to assign a limitation to the abstract. Enter either UL (unlimited) or SAR (same as report). An entry in this block is necessary if the abstract is to be limited. If blank, the abstract is assumed to be unlimited.

DOCUMENT 501-90

UNIVERSAL DOCUMENTATION SYSTEM

HANDBOOK

VOLUME 2

REQUIREMENT FORMATS AND INSTRUCTIONS
PROGRAM INTRODUCTION
PROGRAM REQUIREMENTS DOCUMENT/OPERATIONS REQUIREMENTS

AUGUST 1989



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VOLUME 2

REQUIREMENTS FORMATS AND INSTRUCTIONS

GENERAL

This volume contains an unclassified sample of each approved PI and PRD/OR format and its preparation instructions.

ORGANIZATION

The sample formats have been organized in accordance with the approved UDS outline.

PURPOSE

Use the sample formats as a document preparation guide. Data will vary for particular programs, however, the important consideration is to follow the instructions provided and to present the requirements clearly.

Multi-purpose general formats are provided in this volume which may be used to supplement or extend information or requirements. The general formats provided are UDS GEN PI and UDS GEN R.

PREPARATION INSTRUCTIONS

The following instructions are applicable to all UDS formats and should be used in addition to the specific instructions for the sample formats.

HEADER

CLASSIFICATION:
The highest security classification of information appearing on a page will be placed in the center of the page at the top. If a format page is unclassified it will be so marked.

PROGRAM TITLE:
Enter the program title and if appropriate the subtitle that further identifies the program or document.

DOC TYPE/NO.:
Enter the document type (PI, PRD, or OR) and the document number. This number will be assigned to the program and be provided by DOD or the lead Support Agency.

REVISION:
Enter 00 if this is the original issue of the document. If an existing format is replaced due to a revision, enter the revision number (i.e., 01, 02, etc.).

Note: In some automated systems, the date of revision may be used in lieu of the revision number. Revision may also be made to the "requirement" level by dating the last change to the individual requirement.

DATE:
Enter the publication date of the orginal document or revision.

FOOTER

PAGE:
Pages will be sequentially numbered to be consistent within the document in which they are used. If additional pages have to be inserted at any time, a page number will be established by adding, after a decimal point, consecutive decimal numbers (i.e., 26.0, 26.1, 26.2, etc.) to the basic page number. This method will be followed in order to maintain the desired sequence of subject matter and to keep in ascending order of page numbers.

CLASSIFICATION:
The highest security classification of information appearing on a page will be placed in the center of the page at the top and bottom. If a page is unclassified, it will be so marked.

PROGRAM INTRODUCTION (PI)

FORMATS AND PREPARATION INSTRUCTIONS

PROGRAM INTRODUCTION PREPARATION INSTRUCTIONS

FORMAT 1000 - ADMINISTRATIVE

PROGRAM TITLE: Enter the program title.

SHORT TITLE: Enter the official or accepted unclassified short title.

RESPONSIBLE AGENCIES & KEY PERSONNEL:

Requesting Agency: Enter the agency having prime responsibility for the program.
Requesting Agency Project Representative: Give the name of the individual representing the developing or sponsoring agency.
Contractor/Representative: Enter the name of the prime contractor for the program and the name of the individual representing the prime contractor.
Lead Support Agency/Representative: Enter the agency having overall support responsibility for the program when the total support involves a number of agencies. Enter the name of the individual representing the lead support agency.
Other Support Agencies: Enter here any agency(s) which will provide support for the program.

PROGRAM IDENTIFICATION INFORMATION:

Beginning Date: Give the anticipated date of initial program activity such as arrival of personnel.
First Test Date: Give the estimated date of the first significant test event.
Completion Date: Enter the estimated date of termination of program activity at the support agency.
Program/Project Number: Enter the program or project number.
Contract Number: Enter the basic contract number.
DOD Element Number: Enter the DOD Program Element Code. For non-DOD programs, enter N/A.
Type of Program: Identify the type of program such as aircraft, missile, target, surface craft, sensor, etc.
MUL Precedence: Enter the assigned DOD Master Urgency List precedence, if applicable.
Priority Number: Enter the Army or Navy priority indicator or the Air Force precedence rating.
Program Status: State whether the program is proposed or approved and whether the PI is being submitted to obtain program planning information or as an official request for support. The response to this document (the Statement of Capability) should be used as evidence of coordination with the support agency when such is needed in obtaining approval of proposed programs. No other statements of support agency program supportability are normally provided.

REQUESTING AGENCY APPROVAL: Signature of the requesting agency, user representative or local sponser.

LEAD SUPPORT AGENCY RECEIPT: Receipt of the PI will be acknowledged by the lead support agency representative.

SUPPORT AGENCY RECEIPT: Receipt of the PI will be acknowledged by the Support Agency Representative.

continued

CLASSIFICATION: * * * * * *

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

==========

1000 - ADMINISTRATIVE

PROGRAM TITLE:

SHORT TITLE:

RESPONSIBLE AGENCIES & KEY PERSONNEL:
- Requesting Agency:
- Requesting Agency Project Representative:
- Contractor/Representative:
- Lead Support Agency/Representative:
- Other Support Agencies:

PROGRAM IDENTIFICATION INFORMATION:

Beginning Date:	DOD Element No.:
First Test Date:	Type of Program:
Completion Date:	MUL Precedence:
Pgm/Proj No.:	Priority No.:
Contract No.:	Program Status:

REQUESTING AGENCY APPROVAL:

SIGNATURE:_____	SIGNATURE:_____
NAME/TITLE:	NAME/TITLE:
PHONE/DATE:	PHONE/DATE:

LEAD SUPPORT AGENCY RECEIPT:

SIGNATURE:_____	SIGNATURE:_____
NAME/TITLE:	NAME/TITLE:
AGENCY:	AGENCY:
PHONE/DATE:	PHONE/DATE:

SUPPORT AGENCY RECEIPT:

SIGNATURE:_____	SIGNATURE:_____
NAME/TITLE:	NAME/TITLE:
AGENCY:	AGENCY:
PHONE/DATE:	PHONE/DATE:

==========

FORMAT 1000 - ADMINISTRATION (CONT'D)

ENVIRONMENTAL CONSIDERATIONS: Self explanatory. Check appropriate block.

CONTRACT TERMS: State any Contract Terms which specify the quantity, quality, or timeliness of services to be provided by the support Agency. (If none, state "None").

CERTIFICATION: This certification is required to assure that a contractor is not provided free services for which the contractor is already contractually obligated to provide.

100C - ADMINISTRATIVE (CONT'D)

ENVIRONMENT CONSIDERATIONS:
As required by Public Law 91-190, The National Environmental Policy Act, and DOD Directive 6050.1, an:

Environmental Assessment Has ( ) Has Not ( ) Been made.
Environmental Statement Is ( ) Is Not ( ) Required.
Environmental Statement Has ( ) Has Not ( ) been prepared.

CONTRACT TERMS:
State any Contract terms which specify the quantity, quality or timeliness of services to be provided by the support Agency. (If none, state "None").

CERTIFICATION:
The requesting agency certifies that the support requested herein is required for conduct of the test program and are not within any current approved scope of work except as follows:

PROGRAM INTRODUCTION PREPARATION INSTRUCTIONS

FORMAT 1100 - PROGRAM/MISSION INFORMATION - PROGRAM DESCRIPTION

SYSTEM BACKGROUND INFORMATION:

Enter a brief narrative description of the system, its purpose and employment, capabilities, and the significant technical characteristics. Explain briefly the operational characteristics of major components and the functional relationships between major components or subsystems of the complete system. Include a list of any documents which are sources of information on the system such as a Program Package Plan, Technical Development Plan, or Test and Evaluation Master Plan.

SYSTEM DEVELOPMENT MILESTONES/PHASES:

Enter appropriate milestones/phases in calendar years or government fiscal years. Use only symbols available on the standard typewriter keyboard.

TEST PROGRAM AND MISSION INFORMATION/OBJECTIVES:

Give a brief narrative description of the test program to be conducted. State the overall objectives and outline the major characteristics and important events of each phase.

ACTIVITY PLAN:

Enter the numbers of vehicle launches, flights, or other test and recovery operations to be conducted during each FY/CY quarter. Indicate whether these are captive flights, flyovers, gunnery, etc. Use only symbols available on the standard typewriter keyboard to indicate the time span expected to be covered by each phase of program activity such as facilities construction, flight or other test phases, etc.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1100 - PROGRAM/MISSION INFORMATION - PROGRAM DESCRIPTION

SYSTEM BACKGROUND INFORMATION:

SYSTEM DEVELOPMENT MILESTONES/PHASES:

PHASES	CY 1	2	3	4	CY 1	2	3	4	CY 1	2	3	4
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												

TEST PROGRAM AND MISSION INFORMATION/OBJECTIVES:

ACTIVITY PLAN:

ITEM	CY 1	2	3	4	CY 1	2	3	4	CY 1	2	3	4
1.												
2.												
3.												
4.												

CLASSIFICATION: * * * * * * UDS 1100 PI
JAN90

FORMAT 1300 - SYSTEM INFORMATION

VEHICLE OR MISSILE AND SPACECRAFT/PAYLOAD INFORMATION:

VEHICLE/MISSILE/SPACECRAFT/PAYLOAD:

Identify the vehicle, missile, spacecraft,and/or payload. Use the self-explanatory space for entering the characteristics requested, giving variable values in terms of design criteria. CEP is defined as Circular Error Probable. BO is defined as "burn-out" time of the launch vehicle. This information should describe a total vehicle. For multi-stage vehicles, furnish the applicable information for each stage. If more than one vehicle configuration is involved, give the additional descriptions.

OTHER SYSTEM CHARACTERISTICS:

Use this space for giving physical and performance characteristics of test objects or devices not covered in the above table.

TIME CORRELATED PERFORMANCE DATA:

Use for giving performance data relative to the typical trajectory described in Section 2100 - Metric Data. Select and enter, under UNIT, a scale for each performance characteristic which best suits the flight particulars (K, ft, fps, NM, G, sec.) Enter the appropriate event in the space provided. On the line TIME, enter appropriate cumulative increments of the selected unit of time in each of the columns. Opposite each listed flight characteristic, enter, in terms of the selected scales, the magnitude of performance occurring at each designated event. If other significant events occur, continue the additional performance data in tabular form.

SYSTEM DESCRIPTION:

Describe the type and functional characteristics of the system. If other than a warhead; e.g., instrumented package, identify and indicate purpose of instruments. Describe any remote monitoring equipment employed or required.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1300 - SYSTEM INFORMATION

VEHICLE OR MISSILE AND SPACECRAFT/PAYLOAD INFORMATION:

VEHICLE ( ) MISSILE ( ) SPACECRAFT ( ) PAYLOAD ( )

Length:	Max Accel:
Diameter:	CEP:
Width:	Spin Rate:
Propulsion Sys:	Wt Dry:
Guidance Sys:	Wt Launch:
Launcher Type:	BO Time:
Explosive Type/Category:	

OTHER SYSTEM CHARACTERISTICS:

TIME CORRELATED PERFORMANCE DATA:

CHARACTERISTIC	UNIT	EVENTS
ALTITUDE:		
VELOCITY:		
RANGE:		
ACCELERATION:		
TIME:		

SYSTEM DESCRIPTION:

CLASSIFICATION: * * * * * * UDS 1300 PI
JAN90

FORMAT 1300 - SYSTEM INFORMATION (CONT'D)

TARGET SYSTEM INFORMATION

TARGET PERFORMANCE PARAMETERS:

Use the self-explanatory spaces for entering the target characteristics requested. Target Auxiliary Systems (TAS) is to be filled in for those target programs conducted in conjuntion with programs requiring the target. It should be defined in terms of ECM, IR, scoring systems, special control systems, and/or seeker simulations. If more than one configuration of the target system is to be utilized or tested, give the additional descriptions.

OTHER TARGET CHARACTERISTICS:

Give physical and performance characteristics of the target for which the information in the table is applicable.

TIME CORRELATED PERFORMANCE DATA:

Give performance data relative to the test envelope information given in Section 1700 - Test Envelope Information, and for which measurement requirements are stated in Section 2100 - Metric Data. Select and enter, under UNIT, a scale for each performance characteristic which best suits the flight particulars (K, ft, kps, NM, etc). The vertical columns represent times (T) referenced to a particular time during the operation (i.e., T+4 mins, where T is the separation of the target from the mother ship). Opposite each listed flight characteristic, enter, in terms of the selected scales, the magnitude of performance occurring at each designated point.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1300 - SYSTEM INFORMATION (CONT'D)

TARGET SYSTEM INFORMATION:

TARGET PERFORMANCE PARAMETERS:

SPEED MAX: MIN:
ALTITUDE MAX: MIN:
TYPE PROPULSION:
ENDURANCE MAX: MIN:
COMMAND CONTROL SYSTEM:
LAUNCH MODE:
TRANSPONDER YES ( ) NO ( )
TRANSPONDER TYPE:
TARGET AUXILIARY SYSTEM (TAS):

OTHER TARGET CHARACTERISTICS:

TIME CORRELATED PERFORMANCE DATA:

CHARACTERISTIC	UNIT	T+	T+	T+	T+	T+	T+	T+
ALTITUDE:								
VELOCITY:								
RANGE:								
ACCELERATION:								

SYSTEM DESCRIPTION:

FORMAT 1300 - SYSTEM INFORMATION (CONT'D)

AIRCRAFT SYSTEM INFORMATION:

CHARACTERISTICS:

Use the self-explanatory spaces for entering the aircraft characteristics requested, giving variable values in terms of design criteria. If more than one aircraft system configuration is involved, give the additional description(s).

OTHER AIRCRAFT SYSTEM INFORMATION:

Describe the operation to be performed and of the onboard systems/sensors which will be tested during the aircraft operation(s). Also provide aircraft logistics information such as the type of aircraft, physical dimensions, etc.

continued

1300 - SYSTEM INFORMATION (CONT'D)

AIRCRAFT SYSTEM INFORMATION:

CHARACTERISTICS:

MANNED ( ) UNMANNED ( )
SOURCE OF TEST AIRCRAFT:
AIRCRAFT PERFORMANCE PARAMETERS:

SPEED	MAX:	MIN:	TEST:	TYPE:
ALTITUDE	MAX:	MIN:	TEST:	TYPE:
ENDURANCE	MAX:	MIN:		

OTHER AIRCRAFT INFORMATION:

FORMAT 1300 - SYSTEM INFORMATION (CONT'D)

ELECTRONIC/ELECTRO-OPTICAL SYSTEM INFORMATION:

CHARACTERISTICS:

Enter the system characteristics requested, giving variable values in terms of design criteria. Cover all modes of operation of the system.

ADDITIONAL PARAMETERS AND CHARACTERISTICS:

Give other pertinent characteristics and physical description of the system.

For electronic systems, typical parameters would be:

Transmitter - peak power, pulse width, center frequency; Receiver - IF frequencies, bandwidth, sensitivity; Antennas - gain, beam width, polarization, angle track and coverage, scan rate/pattern, etc.

For electro-optical systems, typical parameters would be:

Laser - wavelength, beam divergence, power/energy, beam diameter, pulse width, PRF, etc.; Receiver - optical characteristic, sensitive wavelengths, field of view, etc.

OTHER ELECTRONIC/ELECTRO-OPTICAL SYSTEM INFORMATION:

Describe any other system information not provided in the above.

OTHER SYSTEMS:

List any other systems and systems information not previously identified.

1300 - SYSTEM INFORMATION (CONT'D)

ELECTRONIC/ELECTRO-OPTICAL SYSTEM INFORMATION:

CHARACTERISTICS:

NOMENCLATURE/DESIGNATOR:

PLATFORM:

RADIATION SOURCE:

POWER REQUIREMENTS:

MODES OF OPERATION:

ADDITIONAL PARAMETERS AND CHARACTERISTICS:

OTHER ELECTRONIC/ELECTRO-OPTICAL SYSTEM INFORMATION:

OTHER SYSTEMS:

FORMAT 1400 - INSTRUMENTATION SYSTEMS

List Vehicle/Test Item/Spacecraft/Payload systems instrumentation which will emit and/or receive radio frequencies, such as transponders, beacons, command control systems, flight safety systems, or telemetry transmitters. Give types, power outputs, known or proposed frequency utilization, and types of antennas to be used.

1400 - INSTRUMENTATION SYSTEMS

FORMAT 1500 - REQUESTING AGENCY'S SUPPORT INSTRUMENTATION/EQUIPMENT

Briefly describe all systems or other instrumentation to be operated by the program in connection with test operations. Give antenna types, power outputs, and known or proposed frequency utilization.

1500 - REQUESTING AGENCY'S SUPPORT INSTRUMENTATION/EQUIPMENT

FORMAT 1600 - SYSTEMS READINESS/PRELAUNCH TESTS

List the major events (Procedures, tests) that will be performed in the overall test sequence. Show the nominal time that each major event will commence, referenced to a designated time. Give the time duration of the event and the amount of support agency time that will be required.

1600 - SYSTEMS READINESS/PRELAUNCH TESTS

FORMAT 1700 - TEST ENVELOPE INFORMATION

For the maximum, nominal, and minimum spaces, indicate the known or probable values of the characteristics requested. On scoring ranges, the initial conditions of weapons release is required. In the blank space, describe the typical ground plane view of the space over the range and the release/test/firing altitudes within which the test will be conducted. Describe any critical measurement requirements during the test which will differ significantly from those given in Section 2100 - Metric Data for the typical/nominal tests and for identifying the launch/release sites or areas if known. Describe any other test envelope information pertinent to this section that will provide the support agency with support requirements. List each in a sequentially numbered paragraph.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1700 - TEST ENVELOPE INFORMATION

	RANGE	ALT	QE	AZIMUTH	MAX PERF
MAX:					
NOM:					
MIN:					

REMARKS:

FORMAT 1800 - OPERATIONAL HAZARDS

List project materials, items, or test conditions which will present hazards to personnel or material through toxicity, combustion, blast, acoustics, fragmentation, electromagnetic radiation, radioactivity, ionization, or other means. Describe any residual radiation, toxic, explosive, or ionization problems which will or could accumulate as a result of this test.

1800 - OPERATIONAL HAZARDS

FORMAT 2000 - TEST OPERATIONAL CONCEPTS/SUMMARIES

Use this format to describe the test operational concepts or to provide a summary of operational aspects of the testing which will make the information in the remainder of the document more meaningful.

2000 - TEST OPERATIONAL CONCEPTS/SUMMARIES

FORMAT 2100 - METRIC DATA

METRIC MEASUREMENTS AND DATA REQUIREMENTS:

Enter the measurement requirements as they relate to the typical test described in Section 1700 - Test Envelope Information. On the line for UNIT, enter appropriate measurement units, i.e. feet, meters, feet/second, degrees, etc. In the column TEST PHASE, list the segments of the trajectory or test phase in which different measurements or precisions are required. Segments may be described as intervals between events or in terms of time or range. For example, Launch-to-Booster Burn-out (or T-0 to T+6 sec, or Launch to 1,000 ft). Opposite the applicable segment, enter the quantitative tolerance representing the minimum essential accuracy of final reduced data required for each performance parameter. Each requirement should be a statement of what is actually needed. No attempt should be made to state tolerances for one type of data based on tolerances given for another. If a specific measurement is not required during any particular interval, enter Not Required. Tables listing other performance parameters such as roll rate, miss-distance, etc., will be included if required. Describe additional requirements not covered above. Provide supplemental data showing geometric or polar plots of these scenario, if available.

2100 - METRIC DATA

METRIC MEASUREMENTS AND DATA REQUIREMENTS:

TEST PHASE	POS	VEL	ACCEL	PITCH	YAW	ROLL
UNIT						
1.						

FORMAT 2200 - TELEMETRY DATA

List general requirements for data receiving and recording. Give types of recordings desired, e.g., magnetic tape, paper records etc.

2200 - TELEMETRY DATA

FORMAT 2300 - COMMAND CONTROL/DESTRUCT

List functions to be performed through the support agency command control system and give the associated function codes. Where applicable, information should comply with IRIG standards for radio command control.

2300 - COMMAND CONTROL/DESTRUCT

FORMAT 2400 - AIR/GROUND VOICE COMMUNICATIONS

This includes both air-air and air-ground communications. Specify use and number of links required and locations of operating terminals.

2400 - AIR/GROUND VOICE COMMUNICATIONS

FORMAT 2500 - COMPOSITE SYSTEMS

State requirements for support of systems such as unified S-band or recording systems. Give purpose, time periods of coverage required, locations, frequencies and state whether the system(s) will be provided by the user or the support agency.

2500 - COMPOSITE SYSTEMS

PROGRAM INTRODUCTION PREPARATION INSTRUCTIONS

FORMAT 2600 - OTHER SYSTEMS

List requirements for support of other special instrumentation not covered elsewhere. Give purpose, time periods of coverage required, locations, frequencies and state whether the system(s) will be provided by the user or the support agency.

2600 - OTHER SYSTEMS

FORMAT 2700 - GROUND COMMUNICATIONS

Give types, amounts, purpose and locations of terminals for test inter-communications, telephone, and voice recordings.

2700 - GROUND COMMUNICATIONS

FORMAT 2800 - OTHER COMMUNICATIONS

TELEVISION:

Give locations and indicate types and size of subjects to be viewed and whether night operations will be required.

TIMING:

Give the letter-numerical designations of IRIG timing signals required and types of user's recording instruments. Where applicable, specify the timing correlation for each station providing support.

OTHER:

List other communications requirement not covered elsewhere, i.e., sequencers, count-down indicators, etc.

2800 - OTHER COMMUNICATIONS - GENERAL

TELEVISION:

TIMING:

OTHER:

FORMAT 3000 - REALTIME DATA DISPLAY/CONTROL

State requirements for data assessment and command generation, software development, and whether support agency/user interface solutions will be required. Give locations and types of displays required.

3000 - REALTIME DATA DISPLAY/CONTROL

FORMAT 3100 - PHOTOGRAPHIC

DOCUMENTARY:

Indicate sizes and types of film desired and general types of subjects to be covered.

ENGINEERING:

State events and/or intercept measurement requirements referenced to elapsed time from a designated time (T).

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3100 - PHOTOGRAPHIC

DOCUMENTARY:

ENGINEERING:

CLASSIFICATION: * * * * * * UDS 3100 PI
JAN90

FORMAT 3200 - METEOROLOGICAL

State location and types of forecasts, observations and measurements required and time in days or hours before or after operations that the information will be needed.

3200 - METEOROLOGICAL

FORMAT 3300 - RECOVERY

Give names, types, weights, dimensions, disposition instructions, and security classifications of items or components to be recovered.

3300 - RECOVERY

FORMAT 3400 - OTHER TECHNICAL SUPPORT

RANGE SHIPS AND AIRCRAFT:

State only types and purposes of support agency ships or aircraft needed by the user to carry out tests. Do not specify ships or aircraft employed at the option of the support agency for test data acquisition. Do not include sea or air transportation requirements.

TARGETS:

Indicate requirements for support agency furnished targets. Give types, common names, whether moving or stationary, environment in which target(s) will operate (water, air, space, land), documentation required and purpose of use. Specify any special requirements/capabilities required of the target. State if the target should be camouflaged or bunkered and explain any unique or special requirements for camouflaging, bunkering, or construction.

FREQUENCY CONTROL:

Provide planned frequency usage by megahertz, type of emission, bandwidth, and power output. State the purposes for which each frequency will be used and explain any special monitoring requirements.

MISCELLANEOUS:

State requirements for other types of technical support not covered elsewhere such as geodetics and target acquisition data.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3400 - OTHER TECHNICAL SUPPORT - GENERAL

RANGE SHIPS AND AIRCRAFT:

TARGETS:

FREQUENCY CONTROL:

MISCELLANEOUS:

CLASSIFICATION: * * * * * * UDS 3400 PI
JAN90

FORMAT 3500 - MEDICAL

Enter general medical requirements, medical personnel, or medical equipment, facilities, and services required to support the program/mission or test.

3500 - MEDICAL

FORMAT 3600 - PUBLIC AFFAIRS SERVICES

Enter general information concerning public affairs services needed from the support agency.

3600 - PUBLIC AFFAIRS SERVICES

FORMAT 4000 - DATA COORDINATE SYSTEMS DESCRIPTION

Provide a description of the rectangular or curvilinear coordinate system(s) required and give the origin and orientation of the major axes. If origin is defined with respect to an event, give an alternate for use if the designated event does not occur or is not identifiable in data records.

4000 - DATA COORDINATE SYSTEMS DESCRIPTION

FORMAT 4100 - DATA COMPUTER PROCESSING SPECIFICATIONS

Indicate data presentations desired, e.g., plotted, tabular, magnetic tape, etc.

4100 - DATA COMPUTER PROCESSING SPECIFICATIONS

FORMAT 4200 - DATA DISPOSITION

Enter the appropriate data type such as position, velocity, roll, telemetry, etc. In the column marked DATA CATEGORY, enter the appropriate data category from the table below. Under DATA DELIVERY REQUIREMENT, show the time after the test(s) in minutes (M), hours (H), or working days (WD) that the different categories of data will be required.

DATA CATEGORY	DEFINITIONS
Final Data	Test Data to which all known or User-requested corrections have been applied and no further processing is anticipated
In-Test Data	Test Data acquired and processed during the conduct of a test.
On-Line Data	In-Test Data delivered immediately after the test.
Post-Test Data	Test Data which normally requires additional effort after the test to produce.
Preliminary Data	Test Data which normally has been partially corrected and is subject to additional correction.
Pre-Test Data	Any data acquired and/or processed prior to start-of-test.
Raw Data	Test Data which has not been corrected.
Realtime Data	In-Test Data available in useable form in time for use to affect the conduct of the test or to monitor the test in progress.
Other	As appropriate, describe other data delivery requirements such as recipients, quantities, etc.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

4200 - DATA DISPOSITION

DATA TYPE	DATA CATEGORY	DATA DELIVERY REQUIREMENT

FORMAT 5000 - BASE FACILITIES/LOGISTICS

Outline the general requirements and requesting agency concept of support required to include the extent of general support facilities and logistics. List overall personnel assignment schedules, transportation types, types of services, laboratories, maintenance and any support not covered in formats of Sections 5100 through 5600.

5000 - BASE FACILITIES/LOGISTICS

FORMAT 5100 - PERSONNEL ASSIGNMENT SCHEDULES

List the major locations, including off-agency sites, at which project personnel will be assigned. For each site, list each category of personnel (military officer, military enlisted, civil service, contractor). Enter the expected peak strength of each category at each site in the appropriate quarter-year spaces, showing permanent party (P) and transients (T) separately. Enter any other pertinent personnel assignment information.

5100 - PERSONNEL ASSIGNMENT SCHEDULES

ITEM	CY 1	2	3	4	CY 1	2	3	4	CY 1	2	3	4
1.												

FORMAT 5200 - TRANSPORTATION

Include intra-range air, ground, and water transportation of personnel and cargo in direct support of program test operations.

5200 - TRANSPORATION

FORMAT 5300 - SERVICES

List requirements for services in the categories provided on this format.

continued

5300 - SERVICES

ADMINISTRATIVE, PERSONNEL, AND OFFICE:

FIRE AND RESCUE:

SECURITY AND SAFETY:

COMMUNITY, EDUCATION AND, FOOD SERVICE:

UTILITIES (ELECTRICAL, WATER, AND SANITATION):

PROCUREMENT, SHIPPING, RECEIVING, AND STOCK CONTROL:

HANDLING, STORAGE, AND DISPOSAL:

AIR CONDITIONING AND ENVIRONMENTAL OBSERVATIONS:

FORMAT 5300 - SERVICES (CONT'D)

List requirements for services in the categories provided on this format.

continued

5300 - SERVICES (CONT'D)

PHYSICAL AND/OR LIFE SCIENCE EXPERIMENTS:

PROPELLANTS, GASES, AND CHEMICALS:

FUELS AND LUBRICANTS:

MISCELLANEOUS LUBRICANTS, HYDRAULIC FLUIDS, PRESERVATIVES, ETC.:

VEHICLES AND LAND TRANSPORTATION:

GROUND HANDLING EQUIPMENT:

REQUESTING AGENCY AIRCRAFT:

AIR OPERATIONS:

FORMAT 5300 - SERVICES (CONT'D)

List requirements for services in the categories provided on this format.

5300 - SERVICES (CONT'D)

SEACRAFT:

MARINE OPERATIONS:

CHEMICAL CLEANING:

PURCHASE OF EQUIPMENT AND SUPPLIES:

OTHER:

FORMAT 5400 - LABORATORY

State requirements for laboratory services such as physical and chemical analysis, environmental conditioning and structural testing. Do not include calibration requirements (list them in Section 6000 - Other Support).

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5400 - LABORATORY

TECHNICAL SHOPS AND LABS:

CHEMICAL AND PHYSICAL ANALYSIS:

SPECIAL ENVIRONMENT:

CLASSIFICATION: * * * * * * UDS 5400 PI
JAN90

FORMAT 5500 - MAINTENANCE

State requirements for maintenance and repair services (exclusive of equipment that requires calibration). Include requirements for shop services such as sheet metal fabrication, carpentry, painting, welding, and machining. Also include maintenance for buildings and grounds.

5500 - MAINTENANCE

FORMAT 5600 - FACILITIES

FACILITIES (GENERAL):

List the types and locations of facilities required such as office space, blockhouses, warehouses, missile assembly buildings, checkout pads, loading ramps, and hangars. In units of 1,000 square feet, enter the net usable space required for each type in the applicable CY half-year. Include with the space requirement the estimated number of occupying personnel, e.g., 2.5/16. Attach drawings if appropriate.

FACILITIES (LAUNCH OR TEST PLATFORM):

Give the type and overall dimensions of the launch pad/platform and describe the required characteristics, such as the type of construction, special instrumentation, special power and coolants. Give the type, weight, and dimensions of the platform. If new construction is required, describe any proposed division of responsibility between the requesting agency and the support agency. If the requesting agency has a preference of platform location, state the preference here. Platform location will be assigned with considerations given the requesting agency's preference, available support capabilities, and future commitments. Include equipment required of the support agency for the platform and also the equipment which will be provided by the requesting agency.

Attach drawings if appropriate.

5600 - FACILITIES

FACILITIES (GENERAL):

ITEM	CY 1	2	CY 1	2	CY 1	2
1.						

FACILITIES (LAUNCH OR TEST PLATFORM):

LOCATION:

DESCRIPTION:

FORMAT 6000 - OTHER SUPPORT

Enter any support requirements not provided for elsewhere.

6000 - OTHER SUPPORT

FORMAT 6020 - OTHER SUPPORT - REQUIREMENTS FOR SUPPORT AGENCIES

This format page is used by the lead Range Support Agency to list support needs to other Support Agencies to accomplish requesting agency requirements.

Enter the name of the Support Agency imposing the requirements (from) and the name of the Support Agency to which the requirements are addressed (to). Enter the authenticating representative of the agency imposing the requirement.

Enter the UDS section and page number of each Support Agency requirement. Enter the support requirements categorically, e.g., metric data, telemetry data, etc., in sequence as specified by the UDS document outline. Specific requirements for the Support Agency must be identified if they consist of only a portion of the total requirement.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

6020 - OTHER SUPPORT - REQUIREMENTS FOR SUPPORT AGENCIES

FROM:

TO:

FOR THE REQUESTNG SUPPORT AGENCY:

NAME:
TITLE:
DATE:

SECTION/PAGE	REQUIREMENTS

PROGRAM INTRODUCTION PREPARATION INSTRUCTIONS

FORMAT GENERAL

NOTE: This format is used anywhere in the document where narrative or graphic data cannot be presented on the prescribed numbered (UDS section) format. It may also be used to supplement the prescribed format when additional space is required for expanded data entry.

(UDS SECTION NO. - TITLE):

Enter the UDS section number and title from the UDS document outline for the appropriate section used.

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT ( ) INFORMATION ( )

Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. Enter the requirement or information desired.

PROGRAM REQUIREMENTS DOCUMENT (PRD)/ OPERATION REQUIREMENTS (OR)

FORMATS AND PREPARATION INSTRUCTIONS

FORMAT 1000 - ADMINISTRATIVE

NOTE 1: This format is used to enter any administrative information of a general nature pertaining to the program or mission.

NOTE 2: The codes below are to be completed if applicable for clarification of the requirement or information item and will be used throughout the documentation during the course of the program.

ITEM NO.:
A sequential number, commencing at "01" identifying the item listed under each UDS. This label is used for each Requirement, Response, or Informational item documented. (See Note 2.) The item number used for responses to requirements will be the same as that of the corresponding item number appearing in the PRD/OR. The corresponding PRD/OR section number will also be listed for clarification. Also, if there are supplemental support agency generated information items, explain the items on UDS Format 1063 - Special Code Definition.

REQUESTER:
A code, identified on UDS Format 1063 - Special Code Definition, assigned to the requester of a requirement. Sub-requesters, similarly identified will be indicated by the use of a slash (/) immediately following the requester code, i. e., T/DE22 might indicate a requirement established by the NASA Johnson Space Center Flight Requirements Office. Each Requester/Sub-requester shall be separated by a space. It is recommended that, where possible, either the assigned agency alphabetical code or the agency acronym, shown in the UDS Handbook, Volume 1, Appendix "B", be used as standard requester codes. (See Note 2.)

SUPPLIER:
A code, identified on UDS Format 1063 - Special Code Definition, assigned to the organization providing support. Sub-suppliers, are similarly identified by the use of a slash (/) immediately following the supplier code, i.e., W/SAC might indicate a response provided by the Western Test Range concerning a commitment by the host SAC base. It is recommended, where possible, either the assigned agency alphabetical code or the agency acronym, shown in the UDS Handbook, Volume 1, Appendix "B", be used as standard supplier/sub-supplier codes. (See Note 2.)

TEST CODE:
A code, identified on UDS Format 1062 - Test Code Definition, assigned to a specific test requirement or information item which will identify the various test activities. These test codes will be used as a method of correlating support requirements to the test activity involved, such that any support requirement referenced to a test code indicates that this support will be required, during the particular test program activity. (See Note 2.)

INFORMATION:
Enter any administrative information that will help clarify the submission of requirements or documentation procedures for the program or individual missions. Do not include detailed information required on Formats 1010 through 1099.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1000 - ADMINISTRATIVE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
INFORMATION:

CLASSIFICATION: * * * * * *

FORMAT 1010 - APPROVAL AUTHORITY

NOTE: This format is used as an authorization, granted by requesting Agencies to the Support Agencies for the conduct of operations relevant to the successful accomplishment of a program, mission, or test. The Authorization indicates that the information contained in this document levies the official User requirements for support of a given program. It serves as an acceptance of the document by the Support Agencies in recognition of the requirements contained therein.

ITEM NO.: Follow the preparation instructions for Format 1000.

PRECEDENCE RATING:
Enter the applicable precedence rating that is assigned to the program.

PRIORITY:
Enter the priority of the program, mission, or test.

INITIATION DATE:
Indicate the date when support is first required. Dates for special facilities or unique instrumentation, etc., should be entered in REMARKS.

COMPLETION DATES:
Indicate the date when the program, mission, or test is planned to be completed or when it no longer requires support.

SPONSORING AGENCY:
Enter the military or government organization which has cognizance and prime responsibility for the program.

BASIC CONTRACT NO.:
Enter the basic contract number for the program, where applicable.

AUTHORITY (REFERENCES):
List the basic document which constitutes authority for conduct of the program.

REMARKS:
Enter the reason for security classification, special handling requirement, etc. List other contractors and their respective contract numbers when necessary. Enter, if necessary, general information pertinent to the applicability, authorization, etc., of the document.

APPROVAL:
Use these entries for approval by the Requesting Agencies of the needs submitted. Enter the name, rank (if applicable), title, agency, phone number, and date, leaving space for signature.

SUPPORT AGENCY ACCEPTANCE:
These entries will be completed by the Support Agency. Enter the name, rank (if applicable), title of accepting officials, agency, phone numbers, and date, leaving space for signature. Acceptance by the Support Agency does not constitute a commitment to support.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1010 - APPROVAL AUTHORITY

ITEM NO.:

PRECEDENCE RATING:

PRIORITY:

INITIATION DATE:

COMPLETION DATE:

SPONSORING AGENCY:

BASIC CONTRACT NO.:

AUTHORITY (REFERENCES):

REMARKS:

APPROVAL:

SIGNATURE:_____	SIGNATURE:_____
NAME/TITLE:	NAME/TITLE:
AGENCY:	AGENCY:
PHONE/DATE:	PHONE/DATE:

SUPPORT AGENCY ACCEPTANCE:

SIGNATURE:_____	SIGNATURE:_____
NAME/TITLE:	NAME/TITLE:
AGENCY:	AGENCY:
PHONE/DATE:	PHONE/DATE:

CLASSIFICATION: * * * * * * UDS 1010 R
JAN90

FORMAT 1020 - DISTRIBUTION LIST

NOTE: This format is used as a distribution list for this document and for both new issues and revisions.

ITEM NO.: Follow the preparation instructions for Format 1000.

ORGANIZATION ADDRESS:
Enter the title of the organization, address (include post office zip code plus 4), addressee's name and title, and applicable office symbol requesting copies. Make additional entries as necessary to insure distribution to the appropriate recipients.

NUMBER OF COPIES:
List the number of copies, original or revised, for distribution to each recipient.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1020 - DISTRIBUTION LIST

ITEM NO.:

ORGANIZATION ADDRESS	NUMBER OF COPIES

CLASSIFICATION: * * * * * * UDS 1020 R JAN90

FORMAT 1030 - REVISION APPROVAL

NOTE: This format is used as an approval authority cover sheet for each published revision to the document. The authorization indicates that the information contained in the revision levies the official Requesting Agencies requirements to support a given program, mission or test. It also serves as an acceptance of the document revision by the Support Agencies in recognition of the requirements contained therein. Acceptance by the Support Agency does not constitute a commitment to provide support.

ITEM NO.: Follow the preparation instructions for Format 1000.

REVISION NOTES:
Enter any explanatory notes which will summarize the general nature of the revision package. This entry may be used to indicate major changes, additions, or deletions to the revision package. Information concerning revision schedules may be entered in this entry.

REVISION APPROVAL:
Use this entry for Requesting Agency approval of the document revision. Enter the name, rank (if applicable), title, agency, phone number, and date, leaving space for signature.

SUPPORT AGENCY REVISION ACCEPANCE:
This entry will be completed by the Support Agency. Enter the name, rank (if applicable), title of accepting officials, agency, phone number, and date, leaving space for signature. Acceptance by the Support Agency does not constitute a commitment to support.

NOTE: If desired, all Revision Approval pages may be retained in the documents to provide a historical record of all changes from Revision 01 to the current revision number.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1030 - REVISION APPROVAL

ITEM NO.:

REVISION NOTES:

REVISION APPROVAL:

SIGNATURE:_____ SIGNATURE:_____
NAME/TITLE: NAME/TITLE:
AGENCY: AGENCY:
PHONE/DATE: PHONE/DATE:

SUPPORT AGENCY REVISION ACCEPTANCE:

SIGNATURE:_____ SIGNATURE:_____
NAME/TITLE: NAME/TITLE:
AGENCY: AGENCY:
PHONE/DATE: PHONE/DATE:

CLASSIFICATION: * * * * * * UDS 1030 R
JAN90

FORMAT 1031 - REVISION CONTROL AND CLASSIFICATION

NOTE: This format is used as a means of revision control in an unclassified or classified document. Classified entries will not be included in the basic unclassified document. Appropriate referenced page(s) should be included in the basic unclassified document where the classified information would appear. The classified pages then appear in a classified addendum to the basic document. Care should be exercised to insure that the complete title and other data does not render the collective pages classified under operational security (OPSEC) guidelines.

All revisions, both classified and unclassified, will require Format 1030 to show approval of the revisions.

ITEM NO.: Follow the preparation instructions for Format 1000.

UDS SECTION:
List each UDS Section number used in the document.

ITEM:
For automated documentation systems indicate the item numbers within the sections.

PAGE:
For manual documentation systems, enter the page number for each section.

CLASS:
Enter the classification: TS - Top Secret, S - Secret, C - Confidential required by the security guide(s) beside each applicable section and its page number in this column.

REV:
Enter the revision number. When preparing the original document, leave sufficient space vertically between the page numbers to enter additional pages that may be added by later revisions. Enter the revision number and the appropriate letter identifier. "D" for delete, and the revision number (e.g. D1, D2, etc.).

Opposite each page number, enter an "O" in the Rev. column to indicate the section on that page is an original. When the document is revised, indicate the sections and the corresponding pages that have been revised by deleting the "O" and entering the symbol "R", followed by (if applicable) the revision number. If a section is deleted by the revision, the symbol "D" is entered.

DATE:
Enter the date of the section revision.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1031 - REVISION CONTROL AND CLASSIFICATION

ITEM NO.:

UDS SECTION	ITEM	PAGE	CLASS	REV	DATE
---	---	---	---	---	---

CLASSIFICATION: * * * * * * UDS 1031 R
JAN90

FORMAT 1040 - INDEX OF UDS SECTIONS USED

NOTE : This format is used to present the PRD/OR index of sections used in the document. This list should be used as a checklist to insure all pertinent information or requirements are documented. Only those UDS Sections which are applicable need be used. The list is preprinted for reference, but when an "X" is entered opposite the Section used, this format serves as an outline of contents for the document.

Enter an "X" opposite those UDS Section numbers used in the document.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1040 - INDEX OF UDS SECTIONS USED

( ) 1000 - Administrative
( ) 1010 - Approval Authority
( ) 1020 - Distribution List
( ) 1030 - Revision Approval
( ) 1031 - Revision Control and Classification
( ) 1040 - Index of UDS Sections Used
( ) 1050 - Program/Mission Security Information
( ) 1052 - System Security Classification
( ) 1054 - System Security Classification Matrix
( ) 1056 - Security Authorization
( ) 1060 - Preface
( ) 1061 - Special Abbreviations and Nomenclature
( ) 1062 - Test Code Definition
( ) 1063 - Special Code Definition
( ) 1064 - Key Technical Personnel
( ) 1065 - Technical References
( ) 1100 - Program/Mission Information - Program Description
( ) 1110 - Experiments Description
( ) 1120 - System Mission Capabilities
( ) 1125 - System Functional Description
( ) 1130 - Mission/Test Description
( ) 1131 - Mission/Test Objectives
( ) 1140 - Test Program Operations Schedule
( ) 1300 - System Information
( ) 1310 - Vehicle/Test Item Description
( ) 1311 - Vehicle/Test Item Characteristics
( ) 1312 - Vehicle/Test Item Drawings
( ) 1313 - Vehicle/Test Item Ordnance Items Description
( ) 1314 - Vehicle/Test Item Ordnance Items Drawing
( ) 1315 - Vehicle/Test Item Flame Plasma Model of the Exhaust Plume
( ) 1320 - Spacecraft/Payload Description
( ) 1321 - Spacecraft/Payload Characteristics
( ) 1322 - Spacecraft/Payload Drawings
( ) 1323 - Spacecraft/Payload Ordnance Items Description
( ) 1324 - Spacecraft/Payload Ordnance Items Drawing
( ) 1325 - Spacecraft/Payload Flame Plasma Model of the Exhaust Plume
( ) 1400 - Instrumentation Systems
( ) 1405 - Frequency Utilization Summary
( ) 1410 - Metric Tracking Systems Operating Description
( ) 1411 - Metric Tracking Systems Transponder Characteristics
( ) 1412 - Metric Tracking Systems Antenna Systems
( ) 1413 - Metric Tracking Systems Diagrams
( ) 1420 - Telemetry Systems Operating Description
( ) 1421 - Telemetry Systems Characteristics
( ) 1422 - Telemetry Systems Antenna Systems
( ) 1423 - Telemetry Systems Diagrams

FORMAT 1040 - INDEX OF UDS SECTIONS USED (CONT'D)

NOTE : This format is used to present the PRD/OR index of sections used in the document. This list should be used as a checklist to insure all pertinent information or requirements are documented. Only those UDS Sections which are applicable need be used. The list is preprinted for reference, but when an "X" is entered opposite the Section used, this format serves as an outline of contents for the document.

Enter an "X" opposite those UDS Section numbers used in the document.

continued

1040 - INDEX OF UDS SECTIONS USED (CONT'D)

( ) 1424 - Telemetry Systems Analog Channel Description
( ) 1425 - Telemetry Systems Digital Format
( ) 1426 - Telemetry Systems Data Recorder Characteristics
( ) 1430 - Command Systems Operating Description
( ) 1431 - Command Systems Characteristics
( ) 1432 - Command Systems Antenna Systems
( ) 1433 - Command Systems Diagram
( ) 1440 - Voice Communications Systems Operating Description
( ) 1441 - Voice Communications Systems Characteristics
( ) 1442 - Voice Communications Systems Antenna Systems
( ) 1443 - Voice Communications Systems Diagrams
( ) 1450 - Composite Systems Operating Description
( ) 1451 - Composite Systems Characteristics
( ) 1452 - Composite Systems Received Data Characteristics
( ) 1453 - Composite Systems Transmitted Data Characteristics
( ) 1454 - Composite Systems Antenna Systems
( ) 1455 - Composite Systems Diagrams
( ) 1456 - Composite Systems Operating Modes
( ) 1457 - Composite Systems Data Recorder Characteristics
( ) 1460 - Vehicle/Test Item Television Systems Operating Description
( ) 1461 - Vehicle/Test Item Television Systems Characteristics
( ) 1462 - Vehicle/Test Item Television Systems Antenna Systems
( ) 1463 - Vehicle/Test Item Television Systems Format Description
( ) 1465 - Spacecraft/Payload Television Systems Operating Description
( ) 1466 - Spacecraft/Payload Television Systens Characteristics
( ) 1467 - Spacecraft/Payload Television Systems Antenna Systems
( ) 1468 - Spacecraft/Payload Television Systems Format Description
( ) 1470 - Recovery Location Aids
( ) 1480 - Other Systems
( ) 1500 - Requesting Agency's Support Instrumentation/Equipment
( ) 1510 - Characteristics
( ) 1600 - Systems Readiness/Prelaunch Tests
( ) 1610 - Readiness/Prelaunch Tests Identification
( ) 1620 - Readiness/Prelaunch Tests Sequence
( ) 1630 - Readiness/Prelaunch Tests Terminal Countdown
( ) 1700 - Test Envelope Information
( ) 1710 - Major Mission Events - Launch Phase
( ) 1711 - Major Mission Events - Flight
( ) 1712 - Space Maneuver - Application of Thrust
( ) 1720 - Trajectory Plan Views
( ) 1721 - Trajectory Profile Views
( ) 1722 - Launch Trajectory
( ) 1723 - Orbital and Space Trajectory
( ) 1724 - Terminal Trajectory
( ) 1800 - Operational Hazards
( ) 1810 - Operational Hazards Reports
( ) 2000 - Test Operational Concepts/Summaries
( ) 2010 - Ground Support Instrumentation Summary

FORMAT 1040 - INDEX OF UDS SECTIONS USED (CONT'D)

NOTE : This format is used to present the PRD/OR index of sections used in the document. This list should be used as a checklist to insure all pertinent information or requirements are documented. Only those UDS Sections which are applicable need be used. The list is preprinted for reference, but when an "X" is entered opposite the Section used, this format serves as an outline of contents for the document.

Enter an "X" opposite those UDS Section numbers used in the document.

continued

1040 - INDEX OF UDS SECTIONS USED (CONT'D)

( ) 2100 - Metric Data
( ) 2110 - Metric Data - Launch
( ) 2111 - Metric Data - Midcourse
( ) 2112 - Metric Data - Orbital and Space
( ) 2114 - Metric Data - Terminal
( ) 2115 - Metric Data - Signature
( ) 2116 - Metric Data - Other
( ) 2117 - Metric Data Accuracies
( ) 2120 - Metric Data Parameter Recordings
( ) 2130 - Metric Data Network Coverage
( ) 2160 - Metric Data Coverage
( ) 2170 - Metric Data - Engineering Sequential
( ) 2200 - Telemetry Data
( ) 2210 - Telemetry Recording Interval
( ) 2220 - Telemetry Analog Strip Chart Recording Format
( ) 2230 - Telemetry Event Recording Format
( ) 2240 - Telemetry Decommutation Processing Specifications
( ) 2260 - Telemetry Coverge
( ) 2300 - Command Control/Destruct
( ) 2310 - Command Control
( ) 2320 - Command Destruct
( ) 2330 - Command Up-Data Link
( ) 2340 - Command Up-Data Link Recordings
( ) 2360 - Command Up-Data Link Stations Coverage
( ) 2400 - Air/Ground Voice Communications
( ) 2410 - Air/Ground Voice Communications Recordings
( ) 2460 - Air/Ground Voice Communications Coverage
( ) 2500 - Composite Systems
( ) 2510 - Composite Systems - Detail
( ) 2520 - Composite Systems - Parameter Recordings
( ) 2530 - Composite Systems - Event Recording Format
( ) 2540 - Composite Systems - Analog Strip Chart Recording Format
( ) 2560 - Composite Systems Coverage
( ) 2600 - Other Systems
( ) 2601 - Other Systems - Directed Energy
( ) 2605 - Other Systems - Support Instrumentation
( ) 2606 - Other Systems - Environmental
( ) 2610 - Other Systems - Data
( ) 2660 - Other Systems Coverage
( ) 2700 - Ground Communications
( ) 2710 - Ground Communications Detail
( ) 2720 - Ground Communications Network Drawings
( ) 2730 - Ground Communications Network Transmission - Voice
( ) 2731 - Ground Communications Network Transmission - Secure Voice
( ) 2733 - Ground Communications Network Transmission - Teletype
( ) 2735 - Ground Communications Network Transmission - Secure Data
( ) 2736 - Ground Communications Network Transmission - Television/Data
( ) 2737 - Ground Communications Network Transmission - Facsimile

FORMAT 1040 - INDEX OF UDS SECTIONS USED (CONT'D)

NOTE : This format is used to present the PRD/OR index of sections used in the document. This list should be used as a checklist to insure all pertinent information or requirements are documented. Only those UDS Sections which are applicable need be used. The list is preprinted for reference, but when an "X" is entered opposite the Section used, this format serves as an outline of contents for the document.

Enter an "X" opposite those UDS Section numbers used in the document.

continued

1040 - INDEX OF UDS SECTIONS USED (CONT'D)

( ) 2740 - Ground Communications - Intercommunications Systems
( ) 2760 - Ground Communications Terminations - Voice
( ) 2761 - Ground Communications Terminations - Secure Voice
( ) 2762 - Ground Communications Terminations - Point-to-Point
( ) 2763 - Ground Communicaitons Terminations - Teletype
( ) 2765 - Ground Communications Terminations - Secure Data
( ) 2766 - Ground Communications Terminations - Television/Data
( ) 2768 - Ground Communications Terminations - Voice Radio
( ) 2769 - Ground Communications Terminations - Miscellaneous
( ) 2770 - Ground Communications Recordings
( ) 2780 - Ground Communications Telephone
( ) 2800 - Other Communications
( ) 2805 - Other Communications - Television
( ) 2810 - Other Communications - Timing
( ) 2820 - Other Communications - Sequencer
( ) 2830 - Other Communications - Visual Countdown & Status Indicators
( ) 3000 - Realtime Data Display/Control
( ) 3010 - Realtime Flight Control/Support Centers
( ) 3020 - Realtime Flight Control Data Acquisition
( ) 3030 - Realtime Displays and Consoles
( ) 3031 - Realtime Displays
( ) 3032 - Realtime Console Command Panels
( ) 3033 - Realtime Console Analog Recorders
( ) 3034 - Realtime Console Drawings
( ) 3040 - Realtime Data Formats
( ) 3041 - Realtime Tracking Data Format Control
( ) 3042 - Realtime Telemetry Data Format Control
( ) 3043 - Realtime Telemetry Data Formats
( ) 3044 - Realtime Command Data Format Control
( ) 3045 - Realtime Remote Site Data Processing
( ) 3050 - Realtime Data Testing
( ) 3060 - Realtime Data Interfaces
( ) 3061 - Realtime Data Interface Criteria
( ) 3062 - Realtime Data Interface Criteria Drawings
( ) 3070 - Realtime Data Computer
( ) 3080 - Realtime Data Distribution
( ) 3100 - Photographic
( ) 3110 - Photographic - Documentary
( ) 3120 - Photographic - Engineering
( ) 3200 - Meteorological
( ) 3210 - Meteorological - Minima
( ) 3220 - Meteorological - Forecasts
( ) 3230 - Meteorological - Observations
( ) 3240 - Meteorological - Instrumentation Location Diagram
( ) 3250 - Meteorological - Space Environment
( ) 3260 - Meteorological - Consultant Services
( ) 3300 - Recovery
( ) 3310 - Recovery - Ships and Aircraft Coverage
( ) 3320 - Recovery - Items to be Recovered

FORMAT 1040 - INDEX OF UDS SECTIONS USED (CONT'D)

NOTE : This format is used to present the PRD/OR index of sections used in the document. This list should be used as a checklist to insure all pertinent information or requirements are documented. Only those UDS Sections which are applicable need be used. The list is preprinted for reference, but when an "X" is entered opposite the Section used, this format serves as an outline of contents for the document.

Enter an "X" opposite those UDS Section numbers used in the document.

continued

1040 - INDEX OF UDS SECTIONS USED (CONT'D)

( ) 3330 - Recovery - Salvage and Disposition
( ) 3340 - Recovery - Planned Areas
( ) 3350 - Recovery - Contingency Areas
( ) 3360 - Recovery - Abort Areas
( ) 3400 - Other Technical Support
( ) 3410 - Other Technical Support - Aircraft
( ) 3411 - Other Technical Support - Seacraft
( ) 3420 - Other Technical Support - Targets
( ) 3430 - Summary of Frequency Protection
( ) 3431 - Emitting Systems Protection
( ) 3440 - Geodetic and Gravitational Data
( ) 3450 - Other Technical Support - Training
( ) 3500 - Medical
( ) 3505 - Medical - Bio-Science
( ) 3510 - Medical - Personnel - Active
( ) 3520 - Medical - Personnel - Standby
( ) 3530 - Medical - Facility, Equipment, Services
( ) 3600 - Public Affairs Services
( ) 3610 - Public Affairs Services - Personnel Assignments
( ) 3620 - Public Affairs Services - News Media Personnel Positions
( ) 4000 - Data Coordinate Systems Description
( ) 4100 - Data Computer Processing Specifications
( ) 4110 - Data Computer Processing Specifications - Detail
( ) 4160 - Data Processing - Other
( ) 4200 - Data Disposition
( ) 4205 - Data Disposition - Reports
( ) 4210 - Data Disposition - Detail - Metric Tracking
( ) 4211 - Data Disposition - Detail - Telemetry
( ) 4214 - Data Disposition - Detail - Environmental
( ) 4215 - Data Disposition - Detail - Voice/TV Recording
( ) 4216 - Data Disposition - Detail - Photographic
( ) 4217 - Data Disposition - Detail - Meteorological
( ) 4218 - Data Disposition - Detail - Computer Processing
( ) 4219 - Data Disposition - Detail - Miscellaneous
( ) 5000 - Base Facilities/Logistics
( ) 5100 - Personnel Assignment Schedules
( ) 5110 - Personnel Assignment Schedules - Detail
( ) 5120 - Personnel Assignment Schedules - Housing
( ) 5200 - Transportation
( ) 5210 - Transportation - Surface Logistics Schedule
( ) 5220 - Transportation - Air Logistics Schedule
( ) 5300 - Services
( ) 5301 - Services - Administrative, Personnel, and Office
( ) 5302 - Services - Fire and Rescue
( ) 5303 - Services - Security and Safety
( ) 5304 - Services - Community, Education and Food Service
( ) 5305 - Services - Utilities (Electrical, Water, and Sanitation)
( ) 5306 - Services - Procurement, Shipping, Receiving, and Stock Control
( ) 5307 - Services - Handling, Storage, and Disposal

FORMAT 1040 - INDEX OF UDS SECTIONS USED (CONT'D)

NOTE : This format is used to present the PRD/OR index of sections used in the document. This list should be used as a checklist to insure all pertinent information or requirements are documented. Only those UDS Sections which are applicable need be used. The list is preprinted for reference, but when an "X" is entered opposite the Section used, this format serves as an outline of contents for the document.

Enter an "X" opposite those UDS Section numbers used in the document.

1040 - INDEX OF UDS SECTIONS USED (CONT'D)

( ) 5308 - Services - Air Conditioning and Environmental Observations
( ) 5309 - Services - Physical and/or Life Science Experiments
( ) 5310 - Services - Propellants, Gases, and Chemicals
( ) 5320 - Services - Fuels and Lubricants
( ) 5330 - Services - Miscellaneous Lubricants, Hydraulic Fluids, Preservatives Etc.
( ) 5340 - Services - Vehicles and Land Transportation
( ) 5341 - Services - Ground Handling Equipment
( ) 5350 - Services - Requesting Agency Aircraft
( ) 5351 - Services - Air Operations
( ) 5360 - Services - Seacraft
( ) 5361 - Services - Marine Operations
( ) 5370 - Services - Chemical Cleaning
( ) 5380 - Services - Purchase of Equipment and Supplies
( ) 5400 - Laboratory
( ) 5405 - Laboratory - Technical Shops and Labs
( ) 5410 - Laboratory - Chemical and Physical Analysis
( ) 5420 - Laboratory - Special Environment
( ) 5500 - Maintenance
( ) 5510 - Maintenance - Buildings and Grounds
( ) 5600 - Facilities
( ) 5610 - Facilities - Drawings
( ) 5620 - Facilities - Launcher and Platform Characteristics
( ) 6000 - Other Support
( ) 6010 - Other Support - Test Instrument Maintenance and Calibration
( ) 6020 - Other Support - Requirements for Support Agencies

FORMAT 1050 - PROGRAM/MISSION SECURITY INFORMATION

NOTE: This format is used to list the security classification of classified data/information pertaining to the program, mission, or test.

SECURITY GUIDES AND DOCUMENTS:
List the various security guides and documents used to establish the classification and to control the documentation of the information elements listed in the Program/Mission Elements entry.

CONFIRMATION - PROGRAM SECURITY ADVISOR:
Enter the name and rank or title of the security advisor. The security advisor will certify, by signature, the correctness of the security classification entered for each item listed in the Program/Mission Elements entry.

PROGRAM/MISSION ELEMENTS:
Identify program/mission information elements for which security classification is required.

SECURITY CLASSIFICATION:
Enter the security classification of the program/mission elements identified in the Program/Mission Elements entry. Designators used will be in accordance with instructions in the Program/Mission Elements entry.

The following security classification symbols will be used throughout the document:

TS	TOP SECRET
S	SECRET
C	CONFIDENTIAL
U	UNCLASSIFIED

Special Warning Designators

RD	RESTRICTED DATA
FRD	FORMERLY RESTRICTED DATA
CNWDI	CRITICAL NUCLEAR WEAPON DESIGN INFORMATION

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1050 - PROGRAM/MISSION SECURITY INFORMATION

SECURITY GUIDES AND DOCUMENTS:

CONFIRMATION - PROGRAM SECURITY ADVISOR:

SIGNATURE:_____
NAME/TITLE:

PROGRAM/MISSION ELEMENTS:	SECURITY CLASSIFICATION:

CLASSIFICATION: * * * * * * UDS 1050 R JAN90

FORMAT 1052 - SYSTEM SECURITY CLASSIFICATION

NOTE: This format is used by the Project Office and not by the contractor(s). It will serve as a security guide for the program for those that handle data, drawings and equipment.

ITEM:
This column includes a wide variety of items that may have a unique security classification. Space is provided to add any other items not listed.

CLASSIFICATION:
Enter the appropriate classification (e.g., TS, S, C, U) and any special warning designators (e.g., RD, FRD, CNWDI).

For example, a particular reentry vehicle is classified SECRET-RESTRICTED DATA. Enter S-RD in the column. Had the reentry vehicle in this example been classified TOP SECRET-RESTRICTED DATA, the entry would have been TS-RD.

Items of a program which require "Encrypt for Transmission Only," to protect UNCLASSIFIED INFORMATION transmitted via electrical messages, will be indicated by placing the notation EFTO in the column.

DECLASSIFICATION INSTRUCTIONS:
Enter the appropriate downgrading declassification instructions (e.g., Declassify 1998 - D98; Review 2004 - R04).

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1052 - SYSTEM SECURITY CLASSIFICATION

ITEM	CLASSIFICATION	DECLASSIFICATION INSTRUCTIONS
A. OVER-ALL PROGRAM:		
B. PRIME CONTRACTOR:		
C. LISTS OF CONTRACTORS, ASSOCIATE CONTRACTORS AND/OR SUB-CONTRACTORS ON TEST PROGRAM:		
D. PRODUCTION, PROCUREMENT & SUPPLY INFORMATION:		
E. TITLE OF R&D PROGRAM:		
F. TEST VEHICLE OR MISSILE NAME:		
G. TYPE DESIGNATION:		
H. EXTERNAL CONFIGURATION		
(1) VIEWED FROM OUTSIDE LAUNCH COMPLEX:		
(2) VIEWED FROM INSIDE LAUNCH COMPLEX:		
I. PHYSICAL CHARACTERISTICS:		
J. SPEED, ALTITUDE, RANGE:		
K. COUNTERMEASURE INFORMATION:		
L. TEST INITIATION DATE:		
M. TEST COMPLETION DATE:		
N. STATUS AND PROGRESS REPORT:		
O. TEST AND PERFORMANCE INFO:		
P. PROPULSION SYSTEM		
(1) TYPE:		
(2) DESCRIPTION:		
Q. GUIDANCE SYSTEM		
(1) TYPE:		
(2) DESCRIPTION:		
R. CONTROL SYSTEM		
(1) TYPE:		
(2) DESCRIPTION:		
S. WARHEAD		
(1) TYPE:		
(2) DESCRIPTION:		
T. NOSE CONE		
(1) TYPE:		
(2) DESCRIPTION:		
U. CAPSULE		
(1) TYPE:		
(2) DESCRIPTION:		

FORMAT 1052 - SYSTEM SECURITY CLASSIFICATION (CONT'D)

ITEM:
This column includes a wide variety of items that may have a unique security classification. Space is provided to add any other items not listed.

CLASSIFICATION:
Enter the appropriate classification (e.g., TS, S, C, U) and any special warning designators (e.g., RD, FRD, CNWDI)>

For example, a particular reentry vehicle is classified SECRET-RESTRICTED DATA. Enter S-RD in the column. Had the reentry vehicle in this example been classified TOP SECRET-RESTRICTED DATA, the entry in the column would have been TS-RD.

Items of a program which require "Encrypt for Transmission Only," to protect UNCLASSIFIED INFORMATION transmitted via electrical messages, will be indicated by placing the notation EFTO in the column.

DECLASSIFICATION INSTRUCTIONS:
Enter the appropriate downgrading declassification instructions (e.g., Declassify 1998 - D98; Review 2004 - R04).

SECURITY CLASSIFICATION GUIDES:
List the various security classification guides and other source documents which are used to promulgate classification authority.

CONFIRMATION - PROGRAM SECURITY ADVISOR:
Identify the security advisor and office confirming the information.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1052 - SYSTEM SECURITY CLASSIFICATION (CONT'D)

ITEM	CLASSIFICATION	DECLASSIFICATION INSTRUCTIONS
V. TARGETS (1) TYPE: (2) DESCRIPTION:		
W. OTHER (1) TYPE: (2) DESCRIPTION:		
X. DRAWINGS, SKETCHES, PHOTOGRAPHS EXTERNAL OR INTERNAL VIEWS AND DESIGN INFORMATION (1) PROPULSION SYSTEMS: (2) CONTROL AND GUIDANCE SYSTEMS: (3) WARHEAD: (4) NOSE CONE: (5) CAPSULE: (6) TARGETS: (7) OTHER:		
Y. OPERATION READINESS DATE:		
Z. COMBAT READINESS DATE:		
AA. INSTRUMENTATION:		
BB. TRAINING EQUIPMENT:		
CC. GROUND SUPPORT EQUIPMENT:		
DD. RAW DATA		
EE. REDUCED DATA:		
FF. TECHNICAL PUBLICATIONS:		

SECURITY CLASSIFICATION GUIDES:

CONFIRMATION - PROGRAM SECURITY ADVISOR

NAME:
TITLE:
AGENCY:
DATE:

FORMAT 1054 - SYSTEM SECURITY CLASSIFICATION MATRIX

NOTE: This format is used to indicate the classification of various combinations of information and commonly used identifiers both before and after launch. This format will only be used when combining bits of information change the level of security classification of the combination to a level higher than that of the highest bit in the combination.

EVENT:
The vertical columns and horizontal rows have the same event descriptions as shown in the events listing. Enter the appropriate security classification for the combination of information indicated by the matrix. Add additional events as required.

If the security classification for certain combinations of information changes with the occurrence of the launch, enter the appropriate classification before launch in the upper left and after launch in the lower right of the matrix. Example, C/U.

If the classification changes after a launch, but only after a certain time period, note by a footnote symbol and explain in the REMARKS entry. For example, C/U(1), (1) UNCLASSIFIED 30-days after launch, CONFIDENTIAL during interim period.

REMARKS:
Enter as appropriate.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1054 - SYSTEM SECURITY CLASSIFICATION MATRIX

EVENT	EVENT
1. PROGRAM NUMBER, NAME OR ACRONYM	9. NUMBER OF REMAINING LAUNCHES
2. RANGE TEST PROGRAM NUMBER	10. PAYLOAD SERIAL NUMBER
3. RANGE OPERATION NUMBER	11. BOOSTER SERIAL NUMBER
4. LAUNCH NUMBER	12. BOOSTER TYPE
5. LAUNCH FACILITY	13.
6. PAYLOAD IMPACT/RECOVERY AREA	14.
7. PAYLOAD RECOVERY REQUIRED	15.
8. TOTAL NUMBER OF LAUNCHES	16.

MATRIX:

	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																

REMARKS:

CLASSIFICATION: * * * * * * UDS 1054 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1056 - SECURITY AUTHORIZATION

NOTE: This format is used by the Requesting Agency to list those non-Government agencies who are entitled to receive classified range material, the clearance possessed by that agency, the agency that granted the clearance, and the degree of safeguarding ability that the non-Government agency has.

ITEM NO.: Follow the preparation instructions for Format 1000.

FACILITY:
Enter the name of the non-Government agency facility to whom the classified material is to be forwarded.

ADDRESS:
Enter the address of the agency involved.

FACILITY CLEARANCE:
Enter the facility clearance of the non-Government agency concerned.

GRANTING AGENCY:
Enter the name of the Government agency granting the facility clearance, and the date the clearance was granted or last renewed.

SAFEGUARDING ABILITY:
Enter the degree of capability the agency has for storing and safeguarding classified material.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1056 - SECURITY AUTHORIZATION

ITEM NO.:

FACILITY:

ADDRESS:

FACILITY CLEARANCE:

GRANTING AGENCY:

SAFEGUARDING ABILITY:

CLASSIFICATION: * * * * * * UDS 1056 R
JAN90

FORMAT 1060 - PREFACE

NOTE: This format is used to present information concerning the organization of the document, criteria followed, or deviations that are required to augment and clarify the method used to present the requirements. Do not include information that is presented in Sections 1061, 1062, 1063, 1064, and 1065 which follow this format; however, on small programs, all information on the additional referenced formats may be included on the single Preface, Format 1060.

INFORMATION:
Enter any information concerning the organization of the document, criteria followed, or deviations established in the UDS Handbook that are required to augment and clarify the method used to present the requirements.

1060 - PREFACE

INFORMATION:

FORMAT 1061 - SPECIAL ABBREVIATIONS AND NOMENCLATURE

NOTE: This format is used to define any word or abbreviation which, due to limited use or technical affiliation, may not be readily understood.

WORD/ABBREVIATION:
List the words, abbreviations or acronymns used in the document.

DEFINITION:
Give the full definition or meaning as it applies to the subject for which the abbreviation or word is used.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1061 - SPECIAL ABBREVIATIONS AND NOMENCLATURE

WORD/ABBREVIATION	DEFINITION

CLASSIFICATION: * * * * * *

FORMAT 1062 - TEST CODE DEFINITION

NOTE: This format is used to define the test codes that will be used throughout the document. These test codes will identify the various test activities during the course of the program. These test codes will be used as a method of correlating support requirements to the test activity involved such that any support requirement referenced to a test code indicates that this support will be required during the particular test program activity.

ITEM NO.: Follow the preparation instructions for Format 1000.

TEST CODE:
Enter a test code letter (A, B, C, etc.) for each portion of the test program which has similar support requirements. This apportionment might separate test series, development phases of the program, time periods within the program, variations in equipment being utilized, or any other meaningful breakout of the program with regard to support requirements. Double letters may be used to further break down the single-letter test code (AA, AB, AC, etc., within A).

TEST CODE DESCRIPTION:
Enter a short title to identify the test series or phase of the program to be conducted. Examples of test series, each of which might be assigned a separate test code, are as follows:

Launch
Dry Run
Static Firing
Simulated Flight
Instrumentation Test
Recoveries

The test code could also be used to designate various time intervals or development phases of the program. Examples of these phases might be pad buildup, launch phase, or any other phase which would divide the program with regard to support requirements. Still another use of the test code would be to designate various types or groups of similar test series such as demonstration and shakedown operations or follow-on training launches. Different missions or series of missions that are covered in the same PRD/OR could thus be designated by different test codes.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1062 - TEST CODE DEFINITION

ITEM NO.:

TEST CODE	TEST CODE DESCRIPTION

CLASSIFICATION: * * * * * * UDS 1062 R
JAN90

FORMAT 1063 - SPECIAL CODE DEFINITION

NOTE: This format is used to define any special codes that will be used throughout the document, example; item number supplemental definition, requestor, supplier, etc.

ITEM NO.: Follow the preparation instructions for Format 1000.

ITEM NUMBER/SPECIAL CODE DEFINITION:
Enter an explanation of the basic elements, the method of constructing the code, and any code number-letter designators that are used in the document. (See UDS Handbook, Volume 1, Appendix B.)

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1063 - SPECIAL CODE DEFINITION

ITEM NO.:

ITEM NUMBER/SPECIAL CODE DEFINITION:

CLASSIFICATION: * * * * * * UDS 1063 R
JAN90

FORMAT 1064 - KEY TECHNICAL PERSONNEL

NOTE: This format is used to list the cognizant technical personnel who may be contacted regarding matters connected with the program or concerning information contained in the document.

ITEM NO.: Follow the preparation instructions for Format 1000.

NAME/TITLE:
Enter last name, first name and middle initial. Provide military rank and branch of service, if applicable. Enter the person's title if applicable.

ORGANIZATION/ADDRESS:
Enter the organization and address of the person listed. Include complete ZIP code.

TELEPHONE:
Enter the complete telephone number including area code and extension, (include Autovon and FTS, if applicable), at the location specified for the office entry.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1064 - KEY TECHNICAL PERSONNEL

ITEM NO.:

NAME/TITLE	ORGANIZATION/ADDRESS	TELEPHONE

CLASSIFICATION: * * * * * *

FORMAT 1065 - TECHNICAL REFERENCES

NOTE: This format is used to list sources of supplemental information concerning the program or to provide additional background for specific requirements listed on individual UDS Sections and their corresponding pages of the document. References cannot be used for the purpose of levying requirements, but they may be used to explain details that are too lengthy or complicated to be incorporated into the document.

UDS SECTION:
Indicate the UDS Section(s) where the technical reference is used.

ITEM NO./PAGE:
List the item number of the requirement to which the reference pertains, if applicable. List the page number(s) to which the reference pertains, if applicable.

TITLE:
Enter the title of the reference.

PUBLISHER/SOURCE:
Enter publisher and date of each referenced document and the organization and its complete address from which copies of the reference may be obtained.

CLASS:
Enter the security classification of each reference.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1065 - TECHNICAL REFERENCES

ITEM NO.:

UDS SECTION	ITEM NO./PAGE	TITLE	PUBLISHER/SOURCE	CLASS

CLASSIFICATION: * * * * * * UDS 1065 R
JAN90

FORMAT 1100 - PROGRAM/MISSION INFORMATION - PROGRAM DESCRIPTION

NOTE: This format is used to provide a general description of the entire program.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Give a general description of the overall program. A brief description of each test or category of tests may be included. When a specific test or category of test may require unique support, the test should be described.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1100 - PROGRAM/MISSION INFORMATION - PROGRAM DESCRIPTION

ITEM NO.:
INFORMATION:

FORMAT 1110 - EXPERIMENTS DESCRIPTION

NOTE: This format is used to provide a general description of the various experiments assigned to the program.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Enter a general description of the experiments assigned to the overall program. A brief description of each experiment or category of experiments may be included. Identify the agency to which a particular experiment is assigned for support. Include the type data resulting from each experiment, e.g., tape, film, material samples, telemetry, flight log, voice recordings, etc.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1110 - EXPERIMENTS DESCRIPTION

ITEM NO.:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1110 R
JAN90

FORMAT 1120 - SYSTEM MISSION CAPABILITIES

NOTE: This format and Format 1125 are used to provide the Support Agency with an insight to the basic philosophy which governs the system design, fabrication, test program, and ultimate user.

ITEM NO.: Follow the preparation instructions for Format 1000.

MISSION OF OPERATIONAL SYSTEM:
Describe the general purpose of the complete operational system. Examples: To destroy a single maneuverable (2g capability), 3,000-mph aircraft attacking at 50,000 feet altitude; destruction to be accomplished before the aircraft is within 100 miles of target. To gather scientific data on cosmic dust above 1,000 miles altitude.

SIGNIFICANT CHARACTERISTICS AND CAPABILITIES:
List operational characteristics and capabilities of the final operational system (e.g., 5,000-mile range, heat seeker initiates terminal dive, etc.).

CONSTRAINTS INFLUENCING DESIGN:
List the main factors which influence the methods used in developing the operational unit. For example, mobility of a land-based launching system might be of prime importance. A short time schedule might be the factor of next importance, etc.

ADDITIONAL CHARACTERISTICS:
List any additional characteristics.

OPERATIONAL PROFILE/SKETCH OF TEST SITUATION:
Show the operational profile and/or a sketch of the tactical situation for which the system is designed. Illustrate the major events to take place.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1120 - SYSTEM MISSION CAPABILITIES

ITEM NO.:

MISSION OF OPERATIONAL SYSTEM:

SIGNIFICANT CHARACTERISTICS AND CAPABILITIES:

CONSTRAINTS INFLUENCING DESIGN:

ADDITIONAL CHARACTERISTICS:

OPERATIONAL PROFILE/SKETCH OF TEST SITUATION:

CLASSIFICATION: * * * * * * UDS 1120 R
JAN90

FORMAT 1125 - SYSTEM FUNCTIONAL DESCRIPTION

NOTE: This format, along with Format 1120, is used to provide the Support Agency with an insight into the basic philosophy which governs the system design, fabrication, test program, and ultimate use.

ITEM NO.: Follow the preparation instructions for Format 1000.

SUBSYSTEM/MAJOR COMPONENT:
List the subsystems and/or major components of the final operational system. These should correspond to the functional blocks illustrated in SYSTEM FUNCTIONAL BLOCK DIAGRAM entry.

FUNCTIONAL CHARACTERISTICS:
Enter a brief description of functional characteristics of each major component and subsystem.

SYSTEM FUNCTIONAL BLOCK DIAGRAM:
Using block diagram methods, indicate the functional relationship between subsystems and/or major components of the complete operational weapon system. Such items as the target, target acquisition unit, target data processor, guidance system, control mechanisms, necessary support supplied, etc., may be considered as major functional components. Also include and note items considered to be unusual.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1125 - SYSTEM FUNCTIONAL DESCRIPTION

ITEM NO.:

SUBSYSTEM/MAJOR COMPONENT:

FUNCTIONAL CHARACTERISTICS:

SYSTEM FUNCTIONAL BLOCK DIAGRAM:

FORMAT 1130 - MISSION/TEST DESCRIPTION

NOTE: This format is used to provide a detailed description of the mission or test.

ITEM NO.: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

INFORMATION:
Give a detailed description of the mission or test. Each phase of the mission or test should be identified and described.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1130 - MISSION/TEST DESCRIPTION

ITEM NO.:
TEST CODE:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1130 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1131 - MISSION/TEST OBJECTIVES

NOTE: This format is used to describe the primary and secondary objectives of the mission.

ITEM NO.: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

CATEGORY:
Indicate whether the objectives are Category I, II, or III. (See UDS Handbook for explanation of objectives and categories.)

OBJECTIVES:
Describe the objective of each operation or series of operations briefly, but in sufficient detail to substantiate the data requirements.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1131 - MISSION/TEST OBJECTIVES

ITEM NO.:
TEST CODE:

CATEGORY	OBJECTIVES

CLASSIFICATION: * * * * * * UDS 1131 R
JAN90

FORMAT 1140 - TEST PROGRAM OPERATIONS SCHEDULE

NOTE: This format is used to describe the schedule of the test series events or activities that will require support during the course of the test program or mission. The scheduling (forecast) information will be used by the Support Agency to coordinate these activities with other test program activities on the range.

ITEM NO.: Follow the preparation instructions for Format 1000.

TEST SERIES:
Enter the title of principal test series or operations to be conducted.

RANGE HRS/TEST:
Enter the number of support hours required for each of the test events listed in TEST SERIES entry.

NUMBER OF TESTS/QUARTER:
Enter the last two digits of the applicable Calendar Year (CY) or Fiscal Year (FY) in the heading. For each TEST SERIES entry enter the planned number of tests per quarter.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1140 - TEST PROGRAM OPERATIONS SCHEDULE

ITEM NO.:

TEST SERIES
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

RANGE HRS/TEST
1.
2.
3.
4.
5.
6.
7.
8.
9
10.

NUMBER OF TESTS/QUARTER

TEST SERIES	CY 1	2	3	4	CY 1	2	3	4	CY 1	2	3	4	CY 1	2	3	4
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																
10.																

CLASSIFICATION: * * * * * * UDS 1140 R
JAN90

FORMAT 1300 - SYSTEM INFORMATION

NOTE: This format is used to describe the entire vehicle/test item/ spacecraft/payload to be tested.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Enter a brief description of the units to be tested. Provide identification of each unit.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1300 - SYSTEM INFORMATION

ITEM NO.:
INFORMATION:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1310 - VEHICLE/TEST ITEM DESCRIPTION

NOTE: This format is used to describe the vehicle/test item.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Enter a brief description of the vehicle/test item. Provide a description of each stage or section of the vehicle/test item.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1310 - VEHICLE/TEST ITEM DESCRIPTION

ITEM NO.:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1310 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1311 - VEHICLE/TEST ITEM CHARACTERISTICS

NOTE: This format is used to enter vehicle/test item characteristics. Units of measure must be identified. Use additional formats for each stage or module comprising the vehicle/test item.

ITEM NO.: Follow the preparation instructions for Format 1000.

STAGE-MODULE NOMENCLATURE:
Identify the stage-module.

PHYSICAL DIMENSIONS:
Enter the stage-module dimensions as requested.

WEIGHTS:
Enter the weight data as requested. List the weight of the propellant or fuel. If the propellant is mixed on board prior to combustion, list the fuel and the oxidizer. GASES covers all gases used for propulsion, control, pressurization, etc. MISCELLANEOUS will cover, collectively, all miscellaneous items normally too numerous to mention and not covered by other listings in this entry. In BURNOUT list burnout weight per stage.

PROPULSION SYSTEM:
List type as liquid, solid, nuclear, etc. The specific impluse (Isp) value will be assumed at sea level (SL) unless otherwise noted in the applicable entry.

PROPELLANTS AND GASES:
Identify the type (name or designation) of propellants and gases used in each stage or phase. List the propellant or fuel. If the propellant is mixed prior to combustion, list the fuel and the oxidizer. List the pressure of the larger quantity gaseous item and identify the item in each entry.

PERFORMANCE.
Enter the unit of measure that best fits the flight particulars. Normally, range is in nautical miles, altitude is in feet and velocity is in feet per second. List the more applicable or appropriate time items per stage and identify, in the entry, each value used, i.e., BO (Burnout), SEP (Separation), IMP (Impact), etc.

REMARKS:
Enter notes and pertinent operational characteristics or capabilities of the system being tested.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1311 - VEHICLE/TEST ITEM CHARACTERISTICS

ITEM NO.:

STAGE-MODULE NOMENCLATURE:

PHYSICAL DIMENSIONS
- LENGTH:
- DIAMETER:
- WIDTH - MAX:

WEIGHTS
- DRY (EMPTY - NO FUEL):
- PROPELLANT OR FUEL:
- OXIDIZER:
- GASES:
- MISCELLANEOUS:
- DESTRUCT MATERIAL:
- LAUNCH:
- BURNOUT:

PROPULSION SYSTEM
- TYPE ENGINE:
- MANUFACTURE:
- DESIGNATION:
- NUMBER OF ENGINES:
- SPECIFIC IMPULSE - Isp:
- THRUST - ENG:
- THRUST - SEC:

PROPELLANTS AND GASES
- PROPELLANT OR FUEL:
- OXIDIZER:
- GASES:
- GAS PRESSURE:

PERFORMANCE
- RANGE:
- ALTITUDE:
- MAX VELOCITY:
- MAX ACCELERATION - G:
- TIME - T + SEC:

REMARKS:

CLASSIFICATION: * * * * * * UDS 1311 R
JAN90

FORMAT 1312 - VEHICLE/TEST ITEM DRAWINGS

NOTE: This format is used to show the external characteristics of the vehicle/test item. Include antenna locations, paint patterns, camera targets, etc. Side and top views are required.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Provide a drawing of the vehicle/test item in the space provided, showing basic dimensions of length, station number of all field splices and separation planes, width, and body diameter. Special features should also be shown, e.g., paint patterns, characteristic markings, and station number locations of antennas, stages, field splices and other pertinent components. All station numbers of the vehicle/test item must be referenced to a common point. In the top view of the vehicle/test item show azimuth locations of all antennas from the top of the vehicle/test item measured from True North with the vehicle on the launch pad in the nominal launch position. If it is more desirable to increase the drawing scale, separate pages may be used for each view. Do not include locations that will be placed on a similar drawing on Format 1314.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1312 - VEHICLE/TEST ITEM DRAWINGS

ITEM NO.:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1312 R
JAN90

FORMAT 1313 - VEHICLE/TEST ITEM ORDNANCE ITEMS DESCRIPTION

NOTE: This format is used to describe vehicle/test item ordnance. This data will provide the Support Agency with knowledge of electrically initiated ordnance items and Requesting Agency's RF radiation sources. Thus, precautions can be taken to prevent accidental ignition of electrically initiated ordnance items. Reference any applicable technical documents, handbooks, notes, prints, etc., on this format and describe them on Format 1065.

ITEM NO.: Follow the preparation instructions for Format 1000.

PURPOSE:
Enter the purpose of the device, i.e., destruct, separation, ignition, impact data, etc

TYPE/QUANTITY:
Enter the type and quantity of the device, i.e., 2 squibs, 5 explosive bolts, 1 SOFAR bomb, 2 solid propellants.

STAGE:
Enter the location of the device using the stage number.

MANUFACTURERS PART NUMBER:
Enter the manufacturer and part number of each device.

INSTALLATION:
Enter the ordnance item installation information using the following two-letter code:

First Letter - Installation

F - Factory P - Pad

I - Industrial Area

Second Letter - Agency Doing Installation

T - Test Agency S - Support Agency

LEADS:
Enter "yes" if the device has external leads prior to installation. Enter "no" if the device is a plug-in type with no external leads prior to installation.

LEAD-LENGTH:
Enter "yes" or "no" for the SHIELDED entry if the leads are shielded or unshielded, respectively. If both shielded and unshielded leads are used, enter "yes" and "no" on separate lines. Enter lengths, as specified for the for the remaining lead-length entries. (Include unit of measure used.)

CURRENT AMPS:
Enter the maximum current (in amperes) through the device which will fire no more than one device per thousand. Enter the minimum current which is required to fire normally functioning devices of this type. Enter the firing current to be used in this installation.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1313 - VEHICLE/TEST ITEM ORDNANCE ITEMS DESCRIPTION

ITEM NO.:

PURPOSE:

TYPE/QUANTITY:

STAGE:

MANUFACTURERS PART NUMBER:

INSTALLATION:

LEADS

LEAD-LENGTH

SHIELDED:

PRE-INSTALLATION LENGTH:

INSTALLATION LENGTH:

CURRENT AMPS

MAXIMUM NO FIRE:

MINIMUM FIRE:

NORMAL FIRE:

BRIDGE

MATERIAL:

OHMS:

CLASS:

RF SAFE:

REMARKS:

FORMAT 1313 - VEHICLE/TEST ITEM ORDNANCE ITEMS DESCRIPTION (CONT'D)

BRIDGE:
Enter the bridge material. Use BW for bridge wire, EBW for exploding bridge wire, or C for carbon. Enter the maximum and/or minimum impedance data.

CLASS:
Enter the Department of Transportation (DOT) class number of the ordnance item as described in the applicable "Ordnance Safety Manual" used on the program.

RF SAFE:
Enter an "S" only when the ordnance device is safe for handling and installation in the radiation environment described in applicable regulations of the launch range.

REMARKS:
Enter any information that is related to the safe handling of devices and that may be helpful in the prevention of accidental firing. Also, use this entry when additional space is needed to clarify any entry on this format.

FORMAT 1314 - VEHICLE/TEST ITEM ORDNANCE ITEMS DRAWING

NOTE: This format is prepared by the Requesting Agency to provide the Support Agency with information as to the location of the various ordnance items aboard the launch vehicle. Place the appropriate item identifier from Format 1313 in a circle and connect it with a line and arrowhead to the location on the ordnance item.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Enter a drawing of the vehicle/test item showing basic dimensions of length, station number of all field splices and separation planes, wingspan or width, body diameter, and height. Special features should also be shown. Station number locations of destruct charges and other ordnance items must be provided. All station numbers of the entire vehicle/test item must be referenced to a common point. In the top view of the vehicle or stages, show azimuth locations of all ordnance items measured from True North with the vehicle on the launch pad in the nominal launch position. If it is desirable to increase the drawing scale, separate formats may be used for each view.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1314 - VEHICLE/TEST ITEM ORDNANCE ITEMS DRAWING

ITEM NO.:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1314 R
JAN90

FORMAT 1315 - VEHICLE/TEST ITEM FLAME PLASMA MODEL OF THE EXHAUST PLUME

NOTE: This format is used to describe vehicle/test item flame plasma model of the exhaust plume. The data on this format will be employed by Support agencies to evaluate the interference that the exhaust plume will produce with the propagation of electromagnetic signals to and from the vehicle/test item, to determine the degree of coverage that can be provided by range instrumentation. The flame plasma model will be used to compute attenuation and phase shift at the various frequencies used and for the aspect angles to be encountered in powered flight.

ITEM NO.: Follow the preparation instructions for Format 1000.

MODEL: ELECTRON DENSITY( ) COLLISION FREQUENCY( ):
Both electron density and collision frequency contours are required for each stage. Check which applies.

STAGE:
Enter the stage for which the model applies. One model for each vehicle/test item stage is required. For the first stage, the model should apply to the plume structure just prior to the beginning of tailoff (or separation, for vehicle/test item designed without tailoff). For the second and higher stages, the model should apply to conditions at a time in the middle of the burning period.

ALTITUDE:
Enter the altitude or range of altitudes for which the model applies.

PLANE: PITCH( ) YAW( ):
Enter the plane for which the model applies. If applicable to both planes, check both pitch and yaw.

EXIT PLANE PARAMETERS:
Enter the average value of the exit plane electron density and exit plane collision frequency, and indicate whether the values are experimental or theoretical. For stages employing Thrust Vector Control (TVC) by fluid injection, provide the electron density and collision frequency values for both "TVC ON" and "TVC OFF."

FLAME PLASMA MODEL:
Draw contour lines of constant electron density for levels of 10 to the powers of 7, 8, 9, etc., up to the highest level that applies; also show contours of constant collision frequency (electron collision frequency for momentum transfer) up to the highest level that applies. Each contour is to represent the locus of points for which the electron density (or collision frequency) has the value indicated.

The scale factor shall be indicated and should be suitably chosen for each stage so as to approximately fill the page for the 10 to the power of 7 contour.

The models should be derived from gas dynamic and chemical kinetic considerations. For multiple nozzles, an equivalent single nozzle may be used. Where available, experimentally determined values of exit plane electron and collision frequency, by means of the usual two-frequency attenuation method, are preferred.

NOTE: Units of measure must be identified where applicable.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1315 - VEHICLE/TEST ITEM FLAME PLASMA MODEL OF THE EXHAUST PLUME

ITEM NO.:

MODEL: ELECTRON DENSITY( ) COLLISION FREQUENCY( )

STAGE:

ALTITUDE:

PLANE: PITCH( ) YAW( )

EXIT PLANE PARAMETERS

ELECTRON DENSITY (E/CM TO POWER 3)		COLLISION FREQUENCY (SEC TO POWER -1)	
NON-TVC:	EXPERIMENTAL:	NON-TVC:	EXPERIMENTAL:
TVC ON:	THEORETICAL:	TVC ON:	THEORETICAL:
TVC OFF:		TVC OFF:	

FLAME PLASMA MODEL:

CLASSIFICATION: * * * * * * UDS 1315 R
JAN90

FORMAT 1320 - SPACECRAFT/PAYLOAD DESCRIPTION

NOTE: This format is used to provide a description of the spacecraft/payload.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Enter a brief description of the spacecraft/payload. Provide a description of each module or section including all propulsion systems, if applicable.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1320 - SPACECRAFT/PAYLOAD DESCRIPTION

ITEM NO.:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1320 R
JAN90

FORMAT 1321 - SPACECRAFT/PAYLOAD CHARACTERISTICS

NOTE: This format is used to enter spacecraft/payload characteristics. Units of measure must be identified, where applicable.

ITEM NO.: Follow the preparation instructions for Format 1000.

STAGE-MODULE NOMENCLATURE:
Enter the stage-module nomenclatures.

PHYSICAL DIMENSIONS:
Enter the stage-module dimensions as requested.

WEIGHTS:
Enter the weight data. List the weight of the propellant or fuel. If the propellant is mixed on board prior to combustion, list the fuel and the oxidizer. Enter all gases used for propulsion, control, pressurization, etc. List all miscellaneous items not covered by the other listings. List burnout weight per stage.

PROPULSION SYSTEM:
List type engine as liquid, solid, nuclear, etc. The specific impluse (Isp) value will be assumed at sea level (SL) unless otherwise noted in the applicable entry.

PROPELLANTS AND GASES:
Identify the type (name or designation) of propellants and gases used in each stage or phase. If the propellant is mixed prior to combustion, list the fuel and the oxidizer. List the pressure of the larger quantity gaseous item and identify the item in each entry.

PERFORMANCE:
Enter the units of measure that best fits the flight particulars. Normally, range is in nautical miles, altitude is in feet and velocity is in feet per second. List the more applicable or appropriate time items per stage and identify each value used, i.e., BO (Burnout), SEP (Separation), IMP (Impact), etc.

REMARKS:
Enter notes and pertinent operational characteristics or capabilities of the system being tested.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1321 - SPACECRAFT/PAYLOAD CHARACTERISTICS

ITEM NO.:

STAGE-MODULE NOMENCLATURE:

PHYSICAL DIMENSIONS

LENGTH:
DIAMETER:
WIDTH (MAX):

WEIGHTS

DRY (EMPTY - NO FUEL):
PROPELLANT OR FUEL:
OXIDIZER:
GASES:
MISCELLANEOUS:
DESTRUCT MATERIAL:
LAUNCH:
BURNOUT:

PROPULSION SYSTEM

TYPE ENGINE:
MANUFACTURER:
DESIGNATION:
NUMBER OF ENGINES:
SPECIFIC IMPULSE (Isp):
THRUST (ENG):
THRUST (SEC):

PROPELLANTS AND GASES

PROPELLANT OR FUEL:
OXIDIZER:
GASES:
GAS PRESSURE:

PERFORMANCE

RANGE:
ALTITUDE:
MAX VELOCITY:
MAX ACCELERATION (G):
TIME (T + SEC):

REMARKS:

CLASSIFICATION: * * * * * * UDS 1321 R
JAN90

FORMAT 1322 - SPACECRAFT/PAYLOAD DRAWINGS

NOTE: This format is used to show the external characteristics of the spacecraft/payload. Include antenna locations, paint patterns, etc. Side and top views are required.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Enter drawings of the spacecraft/payload showing basic dimensions of length, station number of all field splices and separation planes, wingspan or width, body diameter, or height. Special features should also be shown, e.g., paint patterns, characteristic markings, and station number locations of antennas, modules, and other pertinent components. All station numbers of the spacecraft/payload must be referenced to the same common point as used for the launch vehicle/test item. In the top view show azimuth locations of all antennas measured from True North with the spacecraft/payload on the launch pad in the nominal launch position. If it is more desirable to increase the drawing scale, separate format pages may be used for each view. Do not include locations of ordnance items as they will be placed on a similar drawing on Format 1324.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1322 - SPACECRAFT/PAYLOAD DRAWINGS

ITEM NO.:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1322 R
JAN90

FORMAT 1323 - SPACECRAFT/PAYLOAD ORDNANCE ITEMS DESCRIPTION

NOTE: This format is used to describe spacecraft/payload ordnance items. This data will provide the Support Agency with knowledge of electrically initiated ordnance items and Requesting Agency's RF radiation sources. Thus, precautions can be taken to prevent accidental ignition of electrically initiated ordnance items. Reference any applicable technical documents, handbooks, notes, prints, etc., on this format and describe them on Format 1065.

ITEM NO.: Follow the preparation instructions for Format 1000.

PURPOSE:
Enter the purpose of the device, i.e., destruct, separation, ignition, impact data, etc.

TYPE/QUANTITY:
Enter the type and quantity of the device, i.e., 2 squibs, 5 explosive bolts, 1 SOFAR bomb, 2 solid propellants.

STAGE:
Enter the location of the device using the stage number.

MANUFACTURERS PART NUMBER:
Enter the manufacturer and part number of each device.

INSTALLATION:
Enter the ordnance item installation information using the following two-letter code:

First Letter - Installation

F - Factory P - Pad

I - Industrial Area

Second Letter - Agency Doing Installation

T- Test Agency S - Support Agency

LEADS:
Enter "yes" if the device has external leads prior to installation. Enter "no" if the device is a plug-in type with no external leads prior to installation.

LEAD-LENGTH:
Enter "yes" or "no" for the shielded entry if the leads are shielded or unshielded, respectively. If both shielded and unshielded leads are used, enter "yes" and "no" on separate lines. Enter lengths, as specified for the remaining lead-length entries. (Include unit of measure used.)

CURRENT AMPS:
Enter the maximum current through the device which will fire no more than than one device per thousand. List the minimum current which is required to fire normally functioning devices of this type. Enter the firing current to be used in this installation.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1323 - SPACECRAFT/PAYLOAD ORDNANCE ITEMS DESCRIPTION

ITEM NO.:

PURPOSE:

TYPE/QUANTITY:

STAGE:

MANUFACTURERS PART NUMBER:

INSTALLATION:

LEADS

LEAD-LENGTH

SHIELDED:

PRE-INSTALLATION LENGTH:

INSTALLATION LENGTH:

CURRENT AMPS

MAXIMUM NO FIRE:

MINIMUM FIRE:

NORMAL FIRE:

BRIDGE

MATERIAL:

OHMS:

CLASS:

RF SAFE:

REMARKS:

CLASSIFICATION: * * * * * * UDS 1323 R
JAN90

FORMAT 1323 - SPACECRAFT/PAYLOAD ORDNANCE ITEMS DESCRIPTION (CONT'D)

BRIDGE:
Enter the bridge material. Use BW for bridge wire, EBW for exploding bridge wire, or C for carbon. List the maximum and/or minimum impedance data.

CLASS:
Enter the Department of Transportation (DOT) class number of the ordnance item as described in the applicable "Ordnance Safety Manual" used on the program.

RF SAFE:
Enter an "S" in this entry only when the ordnance device is safe for handling and installation in the radiation environment described in applicable regulations of the launch range.

REMARKS:
Enter any information that is related to the safe handling of devices and that may be helpful in the prevention of accidental firing. Also, use this entry when additional space is needed to clarify any entry on this format.

FORMAT 1324 - SPACECRAFT/PAYLOAD ORDNANCE ITEMS DRAWING

NOTE: This format is prepared by the Requesting Agency to provide the Support Agency with information as to the location of the various ordnance items aboard the spacecraft/payload. Place the appropriate item identifier from Format 1323, in a circle and connect it with a line and arrowhead to the location on the ordnance item.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Enter a drawing of the spacecraft/payload in the space provided, showing basic dimensions of length, station number of all field splices and separation planes, wingspan or width, body diameter, or height. Special features should also be shown. Station number locations of destruct charges and other ordnance items must be provided. All station numbers of the spacecraft/payload must be referenced to the same common point as was the launch vehicle. In the top view, show azimuth locations of all ordnance items measured from True North with the spacecraft/payload on the launch pad in the nominal launch position. If it is desirable to increase the drawing scale, separate formats may be used for each view.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1324 - SPACECRAFT/PAYLOAD ORDNANCE ITEMS DRAWING

ITEM NO.:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1324 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1325 - SPACECRAFT/PAYLOAD FLAME PLASMA MODEL OF THE EXHAUST PLUME

NOTE: This format is used to describe spacecraft/payload flame plasma model of the exhaust plume. The data on this format will be employed by Support Agencies to evaluate the interference that the exhaust plume will produce with the propagation of electromagnetic signals to and from the spacecraft/payload to determine the degree of coverage that can be provided by range instrumentation. The flame plasma model will be used to compute attenuation and phase shift at the various frequencies used and for the aspect angles to be encountered in powered flight.

ITEM NO.: Follow the preparation instructions for Format 1000.

MODEL: ELECTRON DENSITY( ) COLLISION FREQUENCY( ):
Both electron density and collision frequency contours are required for each stage. Check which applies.

STAGE:
Enter the stage for which the model applies. One model for each spacecraft/payload stage is required. For the first stage, the model should apply to the plume structure just prior to the beginning of tailoff (or separation, for spacecraft/payload designed without tailoff). For the second and higher stages, the model should apply to conditions at a time in the middle of the burning period.

ALTITUDE:
Enter the altitude or range of altitudes for which the model applies.

PLANE: PITCH( ) YAW( ):
Enter the plane for which the model applies. If applicable to both planes, check both pitch and yaw.

EXIT PLANE PARAMETERS:
Enter the average value of the exit plane electron density and exit plane collision frequency, and indicate whether the values are experimental or theoretical. For stages employing Thrust Vector Control (TVC) by fluid injection, provide the electron density and collision frequency values for both "TVC ON" and "TVC OFF".

FLAME PLASMA MODEL:
Draw contour lines of constant electron density for levels of 10 to the powers of 7, 8, 9, etc., up to the highest level that applies: also show contours of constant collision frequency (electron collision frequency for momentum transfer) up to the highest level that applies. Each contour is to represent the locus of points for which the electron density (or collision frequency) has the value indicated.

The scale factor shall be indicated and should be suitably chosen for each stage so as to approximately fill a page for the 10 to the power 7 contour.

The models should be derived from gas dynamic and chemical kinetic considerations. For multiple nozzles, an equivalent single nozzle may be used. Where available, experimentally determined values of exit plane electron and collision frequency, by means of the usual two-frequency attenuation method, are preferred.

NOTE: Units of measure must be identified where applicable.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1325 - SPACECRAFT/PAYLOAD FLAME PLASMA MODEL OF THE EXHAUST PLUME

ITEM NO.:

MODEL: ELECTRON DENSITY( ) COLLISION FREQUENCY( )

STAGE:

ALTITUDE:

PLANE: PITCH( ) YAW( )

EXIT PLANE PARAMETERS

ELECTRON DENSITY (E/CM TO POWER 3)		COLLISION FREQUENCY (SEC TO POWER -1)	
NON-TVC:	EXPERIMENTAL:	NON-TVC:	EXPERIMENTAL:
TVC ON:	THEORETICAL:	TVC ON:	THEORETICAL:
TVC OFF:		TVC OFF:	

FLAME PLASMA MODEL:

CLASSIFICATION: * * * * * * UDS 1325 R
JAN90

FORMAT 1400 - INSTRUMENTATION SYSTEMS

NOTE: This format is to be used to provide information of a general nature concerning instrumentation carried aboard the vehicle/test item/spacecraft/payload.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Provide, as necessary, information of a general nature concerning on board instrumentation not contained elsewhere in the document and which will aid the Support Agency in supporting the program/mission.

1400 - INSTRUMENTATION SYSTEMS

ITEM NO.:
INFORMATION:

FORMAT 1405 - FREQUENCY UTILIZATION SUMMARY

NOTE: This format is used to present a consolidated list of all frequencies which support requirements in the document. This list serves as a summary and is not to be considered as a request for frequency authorization. Requests for specific frequencies requiring protection also will be documented in Section 3430.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

FREQUENCY:
List the transmitted and/or received frequency and state units in megahertz, kilohertz, etc.

EMISSION CHARACTERISTICS:
List the type of emission (AM, FM, CW, Pulse, etc.), bandwidth in kilohertz, and power output (average and/or peak) as the case may be. Use current World Administrative Radio Conference (WARC) bandwidth and emission designators, as required.

PURPOSE:
State the purpose for which the frequency is required, air/ground voice, air/ground telemetry, point-to-point voice, telemetry receivers, etc.

GUARD BAND:
State the desired guard band.

TIME:
Enter the estimated agency time in hours per test that the frequency will be used.

LOCATION:
List location of the RF transmitter/receiver whose frequencies are listed in the frequency entry above.

REMARKS:
Enter any remarks that will further explain any of the above entries.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1405 - FREQUENCY UTILIZATION SUMMARY

ITEM NO.:
REQUESTER:
TEST CODE:

FREQUENCY

TRANSMITTED:
RECEIVED:

EMISSION CHARACTERISTICS:

PURPOSE:

GUARD BAND:

TIME:

LOCATION:

REMARKS:

CLASSIFICATION: * * * * * * UDS 1405 R
JAN90

FORMAT 1410 - METRIC TRACKING SYSTEMS OPERATING DESCRIPTION

NOTE: This format is used to describe the operation of all vehicle/test item/spacecraft/payload metric tracking systems.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Provide a general description of all test unit metric tracking systems including details of subsystems with their location and function. Provide also an operational description to clarify the operation of each metric tracking system.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1410 - METRIC TRACKING SYSTEMS OPERATING DESCRIPTION

ITEM NO.:
INFORMATION:

FORMAT 1411 - METRIC TRACKING SYSTEMS TRANSPONDER CHARACTERISTICS

NOTE: This format is prepared by the Requesting Agency to provide the Support Agencies with the information to evaluate the compatibility of the vehicle/test item/spacecraft/payload transponder or beacon system with range instrumentation. Separate Formats 1411 should be prepared for each transponder or beacon. Some of the entries on this format apply only to CW transponders or to radar beacons and should be answered by "N/A" where necessary.

ITEM NO.: Follow the preparation instructions for Format 1000.

GENERAL INFORMATION:
Enter the data required. Indicate measurement units where necessary.

REMARKS:
Enter any remarks that will further explain any of the above entries.

continued

CLASSIFICATION: * * * * * *

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1411 - METRIC TRACKING SYSTEMS TRANSPONDER CHARACTERISTICS

ITEM NO.:

GENERAL INFORMATION

TYPE TRANSPONDER( ) BEACON( )
MODEL:
MANUFACTURER:
INTERROGATION CODE INFORMATION SINGLE PULSE( ) DOUBLE PULSE( )
DOUBLE PULSE SPACING:
( ) PLUS/MINUS ( ) uSEC
( ) PLUS/MINUS ( ) uSEC
( ) PLUS/MINUS ( ) uSEC
TRIPLE PULSE SPACING
FIRST AND SECOND PULSE
( ) PLUS/MINUS ( ) uSEC
( ) PLUS/MINUS ( ) uSEC
( ) PLUS/MINUS ( ) uSEC
SECOND AND THIRD PULSE
( ) PLUS/MINUS ( ) uSEC
( ) PLUS/MINUS ( ) uSEC
( ) PLUS/MINUS ( ) uSEC
MESSAGE TYPE PAM( ) PDM( ) PULSE( ) PULSE IN( ) PULSE OUT( )
OTHER MODE( )
PULSE WIDTH (uSEC):
PULSE FREQUENCY (PPS):
MESSAGES PER SECOND:
RECYCLE TIME (uSEC):
MESSAGE NO.:
PULSE DIGITS:
LENGTH (uSEC):
SPACING ( ) uSEC TO NEXT MESSAGE
CODE FORM:
DOPPLER FEATURES:
COMMAND CONTROL CODE CAPABILITIES
NUMBER OF COMMAND CHANNELS AVAILABLE:
TYPE OF MODULATION:

REMARKS:

FORMAT 1411 - METRIC TRACKING SYSTEMS TRANSPONDER CHARACTERISTICS (CONT'D)

TRANSMITTER CHARACTERISTICS:
Enter the data required. Indicate measurement units where necessary.

NOTE 1: The information required by the entry, Spectrum Analysis Reports, is mandatory for certain support organizations and should be provided in accordance with applicable Support Agency specifications.

NOTE 2: Transmitting systems which require extensive periods of RF checkout time will be required to be equipped with a closed-loop or non-radiating checkout device.

REMARKS:
Enter any remarks that will further explain any of the above entries.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1411 - METRIC TRACKING SYSTEMS TRANSPONDER CHARACTERISTICS (CONT'D)

TRANSMITTER CHARACTERISTICS:

FREQUENCY RANGE (MHZ) FROM ( ) TO ( )
TUNABLE( ) FIXED TUNED( ) TO ( ) MHZ
BANDWIDTH AT 3DB (MHZ):
BANDWIDTH AT 60DB (MHZ):
EMMISSION AM( ) FM( ) PULSE( ) COMPOSITE NON-STANDARD ( )
FREQUENCY STABILITY ( ) MHZ PLUS/MINUS ( ) MHZ
TRANSMITTER POWER-AVERAGE (WATTS):
TRANSMITTER PEAK POWER (WATTS):
MAXIMUM PRF (PPS):
PULSE WIDTHS AT 3DB POINTS (uSEC):
FIXED DELAY SETTINGS (uSEC):
MAXIMUM DELAY VARIATION WITH SIGNAL STRENGTH FROM ( )
TO ( ) OF MAXIMUM SENSITIVITY OF RECEIVER ( ) uSEC
RECOVERY TIME:
DOES THIS BEACON HAVE INTERROGATION LOCKOUT YES( ) NO( )
MINIMUM FREQUENCY SEPARATION REQUIRED BETWEEN TRANSMIT
AND RECEIVE (MHZ):
NOMINAL WARM-UP TIME (MINUTES):
SPECTRUM ANALSYSIS REPORT NUMBER:
HAS BEEN( ) WILL BE( ) PROVIDED TO:
ON (DATE):
PLOT OF ANTENNA INPUT POWER VS TRANSMITTER FREQUENCY
SUBMITTED (DATE) ( ) AVAILABLE ON (DATE):
RF LOSSES BETWEEN TRANSMITTER TERMINATION AND ANTENNA TERMINATION
( ) MEASURED AT ( ) MHZ

REMARKS:

FORMAT 1411 - METRIC TRACKING SYSTEMS TRANSPONDER CHARACTERISTICS (CONT'D)

RECEIVER CHARACTERISTICS:
Enter the data required. Indicate measurement units where necessary.

REMARKS:
Enter any remarks that will further explain any of the above entries.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1411 - METRIC TRACKING SYSTEMS TRANSPONDER CHARACTERISTIC (CONT'D)

RECEIVER CHARACTERISTICS

FREQUENCY RANGE (MHZ) FROM ( ) TO ( )
TUNABLE( ) FIXED TUNED( )
INTERMEDIATE FREQUENCY (MHZ):
LOCAL OSCILLATOR FREQUENCY (MHZ) ( ) ABOVE ( ) MHZ
BELOW INTERROGATION FREQUENCY:
METHOD OF FREQUENCY CONTROL:
FREQUENCY STABILITY ( ) PERCENT OF ( ) MHZ
RECEIVER SENSITIVITY:
MAXIMUM ( ) AT ( ) MHZ
MINIMUM ( ) AT ( ) MHZ
NOMINAL ( ) AT ( ) MHZ
SELECTIVITY (OVERALL)
3DB ( ) MHZ
20DB ( ) MHZ
60DB ( ) MHZ
TYPE AGC:
AGC TIME CONSTANT (uSEC):
RECOVERY TIME AT 3DB POINTS (uSEC)::
NOMINAL WARM-UP TIME (MINUTES):
SPECTRUM ANALYSIS REPORT NUMBER:
HAS BEEN( ) WILL BE( ) PROVIDED TO:
ON (DATE):
RF LOSS BETWEEN RECEIVER TERMINATION AND ANTENNA TERMINATION:
( ) MEASURED AT ( ) MHZ

REMARKS:

FORMAT 1411 - METRIC TRACKING SYSTEMS TRANSPONDER CHARACTERISTICS (CONT'D)

ANTENNA CHARACTERISTICS:
Enter the information as specified. Antenna azimuth should be given from True North when the test unit is in a launch position.

Use Format 1412 and reference corresponding item identifiers to provide antenna and transmission system schematics.

If maximum gain in DB with respect to Isotropic (DB) gain is greater than 12 db, indicate main lobe beamwidth in elevation and azimuth at the 3-db points in the Remarks.

The power delivered to antenna termination is the same as that of the transmitter power less the transmission system losses.

Check the applicable entry and submit antenna patterns in accordance with applicable directives of the support range. Support Agencies requiring antenna patterns in other formats should acquire the data through their normal channels. Phasing networks and couplers associated with antenna arrays are considered part of the antenna system. Losses in these elements should be included in the antenna pattern as inherent in the pattern measurement.

NOTE 1: If separate antennas are used to transmit and to receive, submit two sets of format pages with the status of the Spectrum Analysis Report entry properly completed, one for each antenna system.

NOTE 2: The information required by Transmitter and Antenna Characteristics entries Spectrum Analysis Reports in addition to Antenna Patterns, are mandatory for certain support organizations and should be provided in accordance with applicable Support Agency specifications.

REMARKS:
Enter any remarks that will further explain any of the above entries.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1411 - METRIC TRACKING SYSTEMS TRANSPONDER CHARACTERISTICS (CONT'D)

ANTENNA CHARACTERISTICS

LOCATION
STATION ( ) PHI ( ) DEGREES
STATION ( ) PHI ( ) DEGREES
STATION ( ) PHI ( ) DEGREES
STATION ( ) PHI ( ) DEGREES
(PHI IS THE AZIMUTH OF THE ANTENNA AS DEFINED IN THE RCC VEHICLE ANTENNA COORDINATE SYSTEM.)
MODEL:
TYPE:
MANUFACTUER:
FREQUENCY RANGE (MHZ) FROM ( ) TO ( )
TUNEABLE ( ) FIXED TUNE ( )
PREDOMINATE POLARIZATION (REFERENCE RCC DOCUMENT NUMBER 253.)
THETA( ) PHI( ) CIRCULAR SENSE LH( ) RH( ) OTHER( )
MAXIMUM GAIN IN DB WITH RESPECT TO ISOTROPIC (DB):
MINIMUM RECEIVER POWER LEVEL AT TERMINATION OF RECEIVING ANTENNA REQUIRED TO PROVIDE THRESHOLD SIGNAL FOR DESIRED DATA QUALITY AT RECEIVER (WATTS):
POWER DELIVERED TO ANTENNA TERMINATION (WATTS)
AVERAGE ( ) PEAK ( )
FORM OF ANTENNA PATTERN SUBMITTED
MAGNETIC TAPE( ) PAPER TAPE( ) TABULATED( ) PLOT( )
SUBMITTED TO:
DATE SUBMITTED:
ANTENNA DESCRIBED ABOVE IS USED FOR
RECEIVE ONLY( ) TRANSMIT ONLY( ) BOTH( )

REMARKS:

CLASSIFICATION: * * * * * * UDS 1411 R JAN90

FORMAT 1412 - METRIC TRACKING SYSTEMS ANTENNA SYSTEMS

NOTE: This format is used to diagram the vehicle/test item/spacecraft/payload metric tracking antenna system(s).

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Provide a block diagram of the antenna system, including module number, cable numbers, and schematic numbers, as applicable. A cross-section drawing showing the test unit antenna location should be included.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1412 - METRIC TRACKING SYSTEMS ANTENNA SYSTEMS

ITEM NO.:
INFORMATION:

CLASSIFICATION: * * * * * *

FORMAT 1413 - METRIC TRACKING SYSTEMS DIAGRAMS

NOTE: This format is used to describe the operation of the vehicle/test item/spacecraft/payload metric tracking system(s) by means of diagrams.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Provide the proposed or existing system functional design. Indicate the location of the system by stage, module, etc.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1413 - METRIC TRACKING SYSTEMS DIAGRAMS

ITEM NO.:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1413 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1420 - TELEMETRY SYSTEMS OPERATING DESCRIPTION

NOTE: This format is used to describe the operation of the vehicle/test item/spacecraft/payload telemetry systems.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Provide a general description of all test unit telemetry systems including details of subsystems with their location and function. Provide also an operational description to clarify the operation of each telemetry system.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1420 - TELEMETRY SYSTEMS OPERATING DESCRIPTION

ITEM NO.:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1420 R
JAN90

FORMAT 1421 - TELEMETRY SYSTEMS CHARACTERISTICS

NOTE: This format is used by the Support Agency to evaluate the compatibility of the vehicle/test unit/spacecraft/payload telemetry systems with range instrumentation. Use a separate Format 1421 for telemetry transmitting systems with different characteristics. Five copies of the Spectrum Analysis Report and five copies of the Spectrum Response Report should be provided the support agency, when available. Quantitative data furnished on this format should be measured values after nominal warmup, where applicable. The data source of unmeasured values, should be indicated by a footnote.

ITEM NO.: Follow the preparation instructions for Format 1000.

GENERAL INFORMATION:
Enter the data requested. Include details on nonconformance to Range Commanders Council (RCC) standards.

TRANSMITTER CHARACTERISTICS:
Enter the data requested to describe the transmitter characteristics listed, on this format, down through the item entitled PCM Filtering Before Xmission. The Spectrum Analysis Report Number information requested is mandatory and should be provided in accordance with the applicable Support Agency specifications. The range periodically publishes a list of equipment for which spectrum analysis requirements have been met. If the model number of the transmitter is identical to one listed as satisfactorily documented, the Spectrum Analysis Report Number information needs to be completed as appropriate.

REMARKS: Enter any clarifying remarks.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1421 - TELEMETRY SYSTEMS CHARACTERISTICS

ITEM NO.:

GENERAL INFORMATION

RF FREQUENCY (MHZ):
BANDWIDTH (MHZ) AT 3DB:
BANDWIDTH (MHZ) AT 60 DB:
DEVIATION (MHZ):
TYPE MODULATION:

TRANSMITTER CHARACTERISTICS

LOCATION:
TYPE:
MODEL:
MANUFACTURER:
LINK FREQUENCY (MHZ):
TYPE OF MODULATION:
BANDWIDTH (MHZ) AT 3 DB:
BANDWIDTH (MHZ) AT 60 DB:
IS THE ASSIGNED FREQUENCY MEASUREABLE IN THE MODULATED
LINK RF SPECTRUM YES( ) NO( )
IF NO, LIST A MEASUREABLE CHARACTERISTIC
FREQUENCY (MHZ):
INDICATE THE FIXED DIFFERENCE FROM ASSIGNED
FREQUENCY (KHZ):
MINIMUM DEVIATION (KHZ):
MAXIMUM DEVIATION (KHZ):
FREQUENCY STABILITY (KHZ):
RF LOSSES BETWEEN TRANSMITTER AND ANTENNA TERMINATIONS
( ) DB, MEASURED AT ( ) MHZ
PCM FILTERING BEFORE TRANSMISSION YES( ) NO( )
SPECTRUM ANALYSIS REPORT NUMBER:
HAS BEEN( ) WILL BE( ) PROVIDED TO:
ON (DATE):

REMARKS:

CLASSIFICATION: * * * * * * UDS 1421 R
JAN90

FORMAT 1421 - TELEMETRY SYSTEMS CHARACTERISTICS (CONT'D)

ANTENNA SYSTEM CHARACTERISTICS:
As an aid, refer to the UDS section/item number describing the circuits and component description of the antenna system. To complete the Form of Antenna Pattern Data entry, submit antenna patterns in accordance with applicable directives of the support range. Support agencies requiring antenna patterns in other formats should acquire the data through their normal channels. Phasing networks and couplers associated with antenna arrays are considered part of the antenna system. Losses in these elements should be included in the antenna pattern as inherent in the pattern measurement.

REMARKS: Enter any clarifying remarks.

NOTE 1: If separate antennas are used to transmit and to receive, submit two format pages, one format for each antenna system.

NOTE 2: If a Spectrum Analysis Report is not available, the Support Agency may perform the spectrum analysis. Submit request to the Support Agency referencing the UDS document containing this UDS Format.

NOTE 3: An RF Spectrum Analysis Report for a transmitter includes such items as:

A. Actual measurements of harmonic and spurious outputs to include all signals greater than 60 dB down from the center frequency signal. Frequencies to be investigated should be in the band from 0.15 to 10,000 megahertz per second.

B. Power output curves with respect to power and frequency.

C. Measured frequency stability in actual or simulated environments.

D. Any other measurements which would assist in assessing the interference generating capability while operating in the transmitter-receiver system. MIL-STD may be used as a guide for making these measurements.

REMARKS:
Enter any remarks that will further explain any of the above entries.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1421 - TELEMETRY SYSTEMS CHARACTERISTICS (CONT'D)

ANTENNA SYSTEM CHARACTERISTICS

LOCATION OF ANTENNA OR ARRAY ELEMENTS
STATION ( ) PHI ( ) DEGREES
STATION ( ) PHI ( ) DEGREES
STATION ( ) PHI ( ) DEGREES
STATION ( ) PHI ( ) DEGREES
(PHI IS THE AZIMUTH OF THE ANTENNA AS DEFINED IN THE RCC VEHICLE ANTENNA COORDINATE SYSTEM.)

TYPE:
MODEL:
MANUFACTURER:
FREQUENCY RANGE (MHZ) ( ) TO ( )
PREDOMINANT POLARIZATION TYPE CIRC( ) ELLIP( ) LINEAR( )
PREDOMINANT SENSE & DIRECTION LH( ) RH( ) 45 DEG( ) 135 DEG( ) THETA( ) PHI( )
MAXIMUM POWER GAIN (DBI):
MINIMUM POWER GAIN (DBI):
LOCATION, IN VEHICLE BODY COORDINATES, OF PIERCING POINT FORMATS:

INITIAL ORIENTATION OF P'Y DOWN( ) UP( ) N( ) E( ) S( ) W( ) OTHER( )
INITIAL ORIENTATION OF P'R:
INITIAL ORIENTATION OF P'P:
FORM OF ANTENNA PATTERN DATA
MAG TAPE PLUS MATRIX PLOT( ) PUNCHED TAPE PLUS MATRIX PLOT( ) OTHER( )
SUBMITTED TO:
WILL BE AVAILABLE (DATE):
PATTERN PARAMETERS MEASURED:

MAIN LOBE BEAM WIDTH IN DEGREES AT 3 DB POINTS
ELEVATION ( ) AZIMUTH ( )
EFFECTIVE RADIATED POWER (WATTS):
(USING ZERO DBI TRANSMITTING ANTENNA GAIN)
SPECTRUM RESPONSE REPORT AVAILABLE( ) NOT AVAILABLE( )
(IF AVAILABLE PROVIDE 5 COPIES)
ANTENNA CONTROLLABILITY:

REMARKS:

FORMAT 1421 - TELEMETRY SYSTEMS CHARACTERISTICS (CONT'D)

LINK FREQUENCY (MHZ):
Enter the link frequency in MHZ.

PCM DATA:
For PCM fill in the appropriate values.

REMARKS:
Enter any clarifying remarks.

NOTE: If PCM is not required, the PCM Data entry is not required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1421 - TELEMETRY SYSTEMS CHARACTERISTICS (CONT'D)

LINK FREQUENCY (MHZ):

PCM DATA

IDENTIFY SERIAL BIT RATE:
INDICATE SERIAL WAVE TRAIN 2 LEVEL( ) MORE THAN 2 LEVEL( )
IF MORE THAN 2 LEVELS, SHOW NUMBER OF LEVELS, WHAT EACH LEVEL REPRESENTS, AND AMPLITUDE OF EACH LEVEL IN PERCENTAGE OF TOTAL AMPLITUDE SPREAD

LEVELS	I.D.	PERCENTAGE
( )	( )	( )
( )	( )	( )
( )	( )	( )

MODULATION DIRECTLY ON RF CARRIER( ) SUBCARRIER( )
SERIAL BINARY "ONE" CAUSES THE RF CARRIER OR SUB-CARRIER
TO INCREASE( ) DECREASE( ) IN FREQUENCY
SERIAL WAVE TRAIN RETURN TO ZERO( ) NON-RETURN TO ZERO( )
SPLIT PHASE( ) OTHER( ) DESCRIBE:
WORDS PER MAJOR FRAME:
MINOR FRAMES PER MAJOR FRAME:
WORDS PER MINOR FRAME:
BITS PER WORD:
SYLLABLES PER WORD:
BIT PER SYLLABLES:
CHANNEL ASSIGNMENT:
MAJOR FRAME SYNC PATTERN:
MINOR FRAME SYNC PATTERN:
WORD SYNC PATTERN:
GIVE SYNC PATTERN OF ANY OTHER WORD WHICH DIFFERS FROM THE WORD SYNC PATTERN ABOVE:

FORMAT SHORT CYCLES( ) PREMATURE RECYCLES( )
BINARY "ONES" AND "ZEROS" CONSTANT WIDTH YES( ) NO( )
BINARY COUNT FOR 100 PERCENT DATA LEVEL:
BINARY COUNT FOR ZERO PERCENT DATA LEVEL:
SIGNIFICANT BIT COUNT OCCURS FIRST( ) LAST( ) IN BIT STREAM

REMARKS

FORMAT 1422 - TELEMETRY SYSTEMS ANTENNA SYSTEMS

NOTE: This format is used to diagram the vehicle/test item/spacecraft/payload telemetry antenna system.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Provide a block diagram of the test unit antenna system, including module number, cable-numbers, and schematic numbers as applicable. A cross-section drawing showing the antenna location on the test unit should be included.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1422 - TELEMETRY SYSTEMS ANTENNA SYSTEMS

ITEM NO.:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1422 R
JAN90

FORMAT 1423 - TELEMETRY SYSTEMS DIAGRAMS

NOTE: This format is used to describe the operation of the vehicle/test item/spacecraft/payload telemetry system by means of a diagram(s).

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Denote the special telemetry capability information for this program or mission. Also, provide the proposed or existing system functional design. Indicate the location of the system by stage, module, etc. Use additional format pages as necessary.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1423 - TELEMETRY SYSTEMS DIAGRAMS

ITEM NO.:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1423 R
JAN90

FORMAT 1424 - TELEMETRY SYSTEMS ANALOG CHANNEL DESCRIPTION

NOTE: This format is used to provide a listing of the continuous and commutated channels of the various telemetry links on the vehicle/test item/spacecraft/payload.

ITEM NO.: Follow the preparation instructions for Format 1000.

RCC( ) NON-RCC( ):
Check the appropriate box. If the characteristics vary from the RCC standards, describe the variations in REMARKS.

LINK:
Enter the link number, frequency, and modulation, i.e., PM/FM, PDM/FM, PAM/FM, etc.

CHANNEL:
Identify each channel by number. Enter the Sub-Carrier Oscillator (SCO) frequency in kHz (if non-RCC). List the deviation in kHz from the center frequency (if non-RCC) of the SCO. Identify if the channel contains continuous information.

SEGMENTS AND RATE:
If the channel contains commutated data, enter the number of segments and sampling rate in the appropriate entry. For example, 90 X 10 means 90 segments each sampled 10 times per second. If the channel has a sub-commutator or sub-sub-commutator, enter the number of segments and sampling rate in the appropriate entry.

REMARKS:
Enter additional descriptive information as necessary. If the channel is PAM, indicate if it is RTZ (Return-to-Zero) or NRZ (Non-Return-to-Zero). Indicate sync information on sub and sub-sub-commutated channels.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1424 - TELEMETRY SYSTEMS ANALOG CHANNEL DESCRIPTION

ITEM NO.:

RCC( ) NON-RCC( )

LINK

NUMBER:
FREQUENCY:
MODULATION:

CHANNEL

NUMBER:
FREQUENCY (KHZ):
DEVIATION (KHZ):
CONTINUOUS YES( ) NO( )

SEGMENTS AND RATE

COMMUTATED:
SUB COMMUTATED:
SUB-SUB COMMUTATED:

REMARKS:

CLASSIFICATION: * * * * * * UDS 1424 R
JAN90

FORMAT 1425 - TELEMETRY SYSTEMS DIGITAL FORMAT

NOTE: This format is used to describe the encoding and data format of the vehicle/test item/spacecraft/payload digital telemetry systems.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Provide a description of word encoding and data format organization. Include word structure, sampling rates, sync word, etc. Provide pictorial representation of frame and subframe construction including channel identification.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1425 - TELEMETRY SYSTEMS DIGITAL FORMAT

ITEM NO.:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1425 R
JAN90

FORMAT 1426 - TELEMETRY SYSTEMS DATA RECORDER CHARACTERISTICS

NOTE: This format is used to describe the vehicle/test item/spacecraft/payload recorders and data that is to be recorded.

ITEM NO.: Follow the preparation instructions for Format 1000.

RCC( ) NON-RCC( ):
Place an "X" in the applicable space if RCC or NON-RCC.

GENERAL INFORMATION:
Enter the information required. Include measurement units where necessary.

TRACK:
Identify the recorder track on which the data is recorded.

CHANNEL:
Identify the link/channel being recorded, if applicable.

SCO FREQUENCY:
If RCC, no entry required. Otherwise, enter the information required.

INFORMATION BANDWIDTH:
If RCC, no entry required. Otherwise, enter the information required.

FREQUENCY DEVIATION:
If RCC, no entry required. Otherwise, enter the information required.

TYPE DATA:
Identify the type of data associated with each channel such as telemetry, voice, etc.

REMARKS:
Enter additional information which may be required to describe the test unit recording system adequately.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1426 - TELEMETRY SYSTEMS DATA RECORDER CHARACTERISTICS

ITEM NO.:

RCC( ) NON-RCC( )

GENERAL INFORMATION

NUMBER:
TYPE:
MODEL:
MANUFACTURER:
RECORD RATE (IPS):
RECORDING TIME CAPABILITY:
PLAYBACK RATE (IPS):
PLAYBACK LINK:
CHANNEL:
TIME(S) OF PLAYBACK:
SCHEDULED ( ) COMMAND ( )
LENGTH OF PLAYBACK TIME:
DESCRIPTION OF PLAYBACK DATA:

TRACK:

CHANNEL:

SCO FREQUENCY:

INFORMATION BANDWIDTH:

FREQUENCY DEVIATION:

TYPE DATA:

REMARKS:

CLASSIFICATION: * * * * * * UDS 1426 R
JAN90

FORMAT 1430 - COMMAND SYSTEMS OPERATING DESCRIPTION

NOTE: This format is used to describe the operating of the vehicle/test item/spacecraft/payload command systems.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Provide a general description of all test unit command systems including details of sub-systems with their location and function. Provide also an operational description to clarify the operation of each command system.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1430 - COMMAND SYSTEMS OPERATING DESCRIPTION

ITEM NO.:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1430 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1431 - COMMAND SYSTEMS CHARACTERISTICS

NOTE: This format is prepared by the Requesting Agency to provide the Support Agencies with the information to evaluate the compatibility between ground up-data or destruct command systems and the vehicle/test item/spacecraft/payload systems.

ITEM NO.: Follow the preparation instructions for Format 1000.

GENERAL INFORMATION:
Enter information as specified.

REMARKS:
Enter any information that will further explain any entries made.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1431 - COMMAND SYSTEMS CHARACTERISTICS

ITEM NO.:

GENERAL INFORMATION

TRANSMISSION OF COMMAND FUNCTIONS ON-OFF( ) CONTINUOUS( ) DIGITAL( )
NUMBER OF ON-OFF CHANNELS TO BE TRANSMITTED:
MODULATION CHARACTERTISTICS:

REALTIME MONITORING OR TRANSMISSION COMMAND FUNCTION
REQUIREMENTS YES( ) NO( )
A FLIGHT CONTROL CONSOLE WILL( ) WILL NOT( ) BE USED
DURATION OF FLIGHT DURING WHICH COMMAND IS REQUIRED:
DOES COMMAND RECEIVER HAVE REMOTE TURN-OFF CAPABILITY
ON PAD YES( ) NO( )
IN FLIGHT YES( ) NO( )
DATA CHARACTERISTICS
INFORMATION RATE:
CODE BIT RATE:
SUBSCARRIER:
SYNCHRONIZATION:
VERIFICATION LINK
SAMPLE RATE (SPS):
NUMBER BIT MAP (BITS):
COMMAND FORMAT:

REMARKS:

CLASSIFICATION: * * * * * * UDS 1431 R
JAN90

FORMAT 1431 - COMMAND SYSTEMS CHARACTERISTICS (CONT'D)

RECEIVER CHARACTERISTICS:
Enter information as specified. A signal pulse noise-to-noise ratio versus input signal in microvolts over a range of 1 to 100 microvolts is required by support agencies as are spectrum analysis reports of the receiver.

REMARKS:
Enter any information that will further explain any entries made.

1431 - COMMAND SYSTEMS CHARACTERISTICS (CONT'D)

RECEIVER CHARACTERISTICS

TYPE ( ) MODEL ( )
MANUFACTURER:
NUMBER INSTALLED:
FREQUENCY RANGE (MHZ) ( ) TO ( )
TUNABLE( ) FIXED TUNED( )
INTERMEDIATE FREQUENCY (MHZ)
1ST ( ) 2ND ( )
LOCAL OSCILLATOR FREQUENCY ABOVE( ) BELOW( ) COMMAND TRANSMITTER FREQUENCY
METHOD OF FREQUENCY CONTROL
1ST OSC ( ) 2ND OSC ( )
FREQUENCY STABILITY PLUS/MINUS ( ) PERCENT OF ( ) MHZ
RECEIVER SENSITIVITY
MAXIMUM ( ) AT ( ) MHZ
MINIMUM ( ) AT ( ) MHZ
NOMINAL ( ) AT ( ) MHZ
SELECTIVITY (OVERALL) (MHZ)
3 DB:
20 DB:
60 DB:
BANDWIDTH (FOR A GIVEN OPTIMUM SIGNAL) (KHZ)
6 DB:
40 DB:
60 DB:
DEVIATION REQUIRED PLUS OR MINUS (KHZ)

( ) PER CHANNEL	( ) COMPOSITE
( ) MAXIMUM	( ) MINIMUM
( ) COMPRESSION	( ) NO COMPRESSION
( ) SET OF RCC TONE	( ) OTHER (SPECIFY)

CAPTURE RATIO:
SPURIOUS RESPONSE REJECTION (DB):
SIGNAL PULSE NOISE TO NOISE RATIO PLOT
HAS BEEN( ) WILL BE AVAILABLE( ) ON (DATE):
A SPECTRUM ANALYSIS REPORT NUMBER:
HAS BEEN( ) WILL BE( ) PROVIDED TO:
ON (DATE):
RF LOSSES BETWEEN RECEIVER AND ANTENNA TERMINATIONS
( ) MEASURED AT( ) MHZ
OPERATING FREQUENCY:

REMARKS:

FORMAT 1431 - COMMAND SYSTEMS CHARACTERISTICS (CONT'D)

ANTENNA CHARACTERISTICS:
Enter the information as specified. Antenna azimuth should be given from true north when the test unit is in a launch position.

NOTE 1: Use Format 1433, and reference appropriate item identifier to provide antenna and transmission system schematic.

NOTE 2: If maximum gain is greater than 12 dB, indicate main lobe beamwidth in elevation and azimuth at the 3dB points in REMARKS. Check the applicable entry in Form of Antenna Pattern Submitted and submit antenna patterns in accordance with applicable directives of the support range. Support Agencies requiring antenna patterns in other formats should acquire the data through their normal channels. Phasing networks and couplers associated with antenna arrays are considered part of the antenna system. Losses in these elements should be included in the antenna pattern as inherent in the pattern measurement.

VERIFICATION SYSTEM:
Enter information as applicable and list the link identity (Telemetry, PCM, etc.).

REMARKS:
Enter any information that will further explain any entries made.

1431 - COMMAND SYSTEMS CHARACTERISTICS (CONT'D)

ANTENNA CHARACTERISTICS

LOCATION
STATION ( ) PHI ( ) DEG
STATION ( ) PHI ( ) DEG
STATION ( ) PHI ( ) DEG
STATION ( ) PHI ( ) DEG
(PHI IS THE AZIMUTH OF THE ANTENNA AS DEFINED IN THE VEHICLE ANTENNA COORDINATE SYSTEM.)

MODEL:
TYPE:
MANUFACTURER:
FREQUENCY RANGE (MHZ) ( ) TO ( )
TUNABLE( ) FIXED TUNED( )
PREDOMINANT POLARIZATION (REFERENCE RCC DOCUMENT NUMBER 104.)
THETA( ) PHI( ) CIRCULAR SENSE: LH( ) RH( ), OTHER( )
MAXIMUM GAIN IN DB WITH RESPECT TO ISOTROPIC ( )
MINIMUM RECEIVER POWER LEVEL AT TERMINATION OF RECEIVING ANTENNA REQUIRED TO PROVIDE THRESHOLD SIGNAL FOR DESIRED PATH QUALITY AT RECEIVER:

FORM OF ANTENNA PATTERN SUBMITTED
MAGNETIC TAPE( ) PAPER TAPE( ) TABULATED( ) PLOT( )
SUBMITTED TO:
DATE SUBMITTED:
MAXIMUM NULL WITH RESPECT TO ISOTROPIC:
LOSS IN TRANSMISSION LINES:
ANTENNA DIPLEXER LOSS:

VERIFICATION SYSTEM

IN-FLIGHT TELEMETERED DATA WILL BE USED TO TRANSMIT COMMAND SIGNAL VERIFICATION FROM VEHICLE YES( ) NO( )
LINK:
FREQUENCY:
FORMAT TRANSMITTED WORD( ) ABBREVIATED WORD( ) MAP( ) OTHER( )

REMARKS:

FORMAT 1432 - COMMAND SYSTEMS ANTENNA SYSTEMS

NOTE: This format is used to diagram the vehicle/test item/spacecraft/payload command antenna systems.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Provide a block diagram of the antenna system, including module number, cable numbers, and schematic numbers as applicable. A cross-section drawing showing the antenna location on the test unit should be included.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1432 - COMMAND SYSTEMS ANTENNA SYSTEMS

ITEM NO.:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1432 R
JAN90

FORMAT 1433 - COMMAND SYSTEMS DIAGRAMS

NOTE: This format is used to describe the operation of the vehicle/test item/spacecraft/payload command system by means of diagrams.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Denote the special command capability information for this program or mission. Also, provide the proposed or existing system functional design. Indicate the location of the systems by stage, module, etc.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1433 - COMMAND SYSTEMS DIAGRAMS

ITEM NO.:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1433 R
JAN90

FORMAT 1440 - VOICE COMMUNICATIONS SYSTEMS OPERATING DESCRIPTION

NOTE: This format is used to describe the operation of the vehicle/test item/spacecraft/payload voice communications system.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Provide a general description of the test unit voice communications system. Include block diagrams where necessary to insure a comprehensive description.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1440 - VOICE COMMUNICATIONS SYSTEMS OPERATING DESCRIPTION

ITEM NO.:
INFORMATION:

FORMAT 1441 - VOICE COMMUNICATIONS SYSTEMS CHARACTERISTICS

NOTE: This format is prepared by the Requesting Agency to provide the Support Agencies with the information to evaluate the compatibility of the vehicle/test item/spacecraft/payload communication system with the support agency equipment.

ITEM NO.: Follow the preparation instructions for Format 1000.

TRANSMITTER CHARACTERISTICS:
Enter the data required. Include measurement units where necessary.

RECEIVER CHARACTERISTICS:
Enter the data required. Include measurement units where necessary.

NOTE: The information required in Spectrum Analysis Reports, Antenna Patterns, and Measurements, are mandatory for certain support organizations and should be provided in accordance with applicable Support Agency specifications.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1441 - VOICE COMMUNICATIONS SYSTEMS CHARACTERISTICS

ITEM NO.:

TRANSMITTER CHARACTERISTICS
- MODEL:
- TYPE::
- MANUFACTURER:
- FREQUENCY RANGE (MHZ): ( ) TO ( )
- OPERATING FREQUENCY (MHZ): ( ) TO ( )
- TYPE MODULATION:
- BANDWIDTH AT 3 DB (MHZ):
- BANDWIDTH AT 60 DB (MHZ):
- MINIMUM DEVIATION:
- MAXIMUM DEVIATION:
- FREQ STABILITY PLUS/MINUS ( ) PERCENT OF ( ) MHZ
- TRANSMITTER POWER:
  - AVERAGE (WATTS):
  - PEAK (WATTS):
- SPECTRUM ANALYSIS REPORT NUMBER:
  - HAS BEEN( ) WILL BE( ) PROVIDED TO:
  - ON (DATE):
- MODULATION CRITERIA:

RECEIVER CHARACTERISTICS
- TYPE:
- MODEL:
- MANUFACTURER:
- FREQUENCY RANGE (MHZ) ( ) TO ( )
- OPERATING FREQUENCY (MHZ) ( ) TO ( )
- INPUT CARRIER MOD:
- INTERMEDIATE FREQUENCY:
- OSCILLATOR FREQUENCY:
  - ( ) MHZ ABOVE
  - ( ) MHZ BELOW
- FREQUENCY STABILITY: PLUS/MINUS ( ) PERCENT OF ( ) MHZ
- SENSITIVITY
  - MAXIMUM ( ) AT ( ) MHZ
  - MINIMUM ( ) AT ( ) MHZ
  - NOMINAL ( ) AT ( ) MHZ
- SELECTIVITY
  - 3 DB ( ) MHZ
  - 20 DB ( ) MHZ
  - 60 DB ( ) MHZ
- SPECTRUM ANALYSIS REPORT NUMBER:
  - HAS BEEN( ) WILL BE( ) PROVIDED TO:
  - ON (DATE):
- RF LOSSES BETWEEN ANTENNA TERMINATION AND RECEIVER TERMINATION
  - ( ) MEASURED AT ( ) MHZ
- DYNAMIC RANGE:

CLASSIFICATION: * * * * * * UDS 1441 R JAN90

FORMAT 1441 - VOICE COMMUNICATIONS SYSTEMS CHARACTERISTICS (CONT'D)

ANTENNA CHARACTERISTICS:
Enter the data required.

NOTE 1: If maximum gain is greater than 12 dB, indicate main lobe beamwidth in elevation and azimuth at the 3 dB points in REMARKS.

NOTE 2: Entry "Power to Ant-Term (watts)" information is the same as that of the transmitter power less the transmission system losses.

NOTE 3: Submit antenna patterns in accordance with applicable directives of the support range. Support Agencies requiring antenna patterns in other formats should acquire the data through their normal channels. Phasing networks and couplers associated with antenna arrays are considered part of the antenna system. Losses in these elements should be included in the antenna pattern as inherent in the pattern measurement. If separate antennas are used to transmit and to receive, submit two pages of this format, one for each antenna system.

NOTE 4: Use Format 1442 - Voice Communications Systems Antenna Systems, and reference appropriate item numbers for system schematic.

REMARKS:
Enter additional information, such as operational mode and the use of equipment, which may be helpful in describing the characteristics of this equipment.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1441 - VOICE COMMUNICATIONS SYSTEMS CHARACTERISTICS (CONT'D)

ANTENNA CHARACTERISTICS
LOCATION
STATION ( ) PHI ( ) DEGREES
STATION ( ) PHI ( ) DEGREES
STATION ( ) PHI ( ) DEGREES
STATION ( ) PHI ( ) DEGREES
(PHI IS THE AZIMUTH OF THE ANTENNA AS DEFINED IN THE VEHICLE ANTENNA COORDINATE SYSTEM.)
TYPE:
MODEL:
MANUFACTURER:
FREQUENCY RANGE (MHZ) ( ) TO ( )
POLARIZATION E-THETA( ) E-PHI( ) CIRCULAR LH( ) RH( ), OTHER( )
MAXIMUM GAIN WITH RESPECT TO ISOTROPIC (DB):
POWER TO ANTENNA TERMINATION (WATTS)
AVERAGE:
PEAK:
FORM OF ANTENNA PATTERN SUBMITTED
MAGNETIC TAPE( ) PAPER TAPE( ) TABULATED( ) PLOT( )
SUBMITTED TO:
DATE SUBMITTED:
ANTENNA IS USED FOR RECEIVE ONLY( ) TRANSMIT ONLY( ) BOTH( )

REMARKS:

FORMAT 1442 - VOICE COMMUNICATIONS SYSTEMS ANTENNA SYSTEMS

NOTE: This format is used to describe the vehicle/test item/spacecraft/payload voice communications antenna systems.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Provide a block diagram of the antenna system, including module number, cable numbers, and schematic numbers as applicable. A cross-section drawing showing the antenna location on the test unit should be included.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1442 - VOICE COMMUNICATIONS SYSTEMS ANTENNA SYSTEMS

ITEM NO.:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1442 R
JAN90

FORMAT 1443 - VOICE COMMUNICATIONS SYSTEMS DIAGRAMS

NOTE: This format is used to describe the operation of the vehicle/test item/spacecraft/payload voice communications systems by means of diagrams.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Denote the special voice capability information for this program or mission. Also, provide the proposed or existing system functional design. Indicate the location of the systems by stage, module, etc.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1443 - VOICE COMMUNICATIONS SYSTEMS DIAGRAMS

ITEM NO.:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1443 R
JAN90

FORMAT 1450 - COMPOSITE SYSTEMS OPERATING DESCRIPTION

NOTE: This format is used to describe the operation of the vehicle/test item/spacecraft/payload composite systems.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Provide an operating description of the test unit composite systems. Include a description of the function and location of the sub-systems. Use block diagrams where necessary to insure a comprehensive description.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1450 - COMPOSITE SYSTEMS OPERATING DESCRIPTION

ITEM NO.:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1450 R
JAN90

FORMAT 1451 - COMPOSITE SYSTEMS CHARACTERISTICS

NOTE: This format is prepared by the Requesting Agency to provide the Support Agencies with information to evaluate the compatibility of the vehicle/test item/spacecraft/payload composite systems with support agencies' instrumentation.

ITEM NO.: Follow the preparation instructions for Format 1000.

RECEIVER CHARACTERISTICS:
Enter the data as required to describe the receiver characteristics listed in these entries. The information required by the Spectrum Analysis Report Number entry is mandatory and should be provided in accordance with the applicable support agency specifications.

REMARKS:
Enter any clarifying remarks.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1451 - COMPOSITE SYSTEMS CHARACTERISTICS

ITEM NO.:

RECEIVER CHARACTERISTICS

TYPE:
MODEL:
MANUFACTURER:
FREQUENCY RANGE (MHZ): ( ) TO ( )
OPERATING FREQUENCY (MHZ):
THRESHOLD:
DYNAMIC RANGE:
AGC NOISE BANDWIDTH:
AGC ERROR:
IF BANDWIDTH:
VCO CENTER FREQUENCY:
VCO PHASE FREQUENCY:
VCO LINEARITY:
CRYSTAL OSC CENTER FREQUENCY:
CRYSTAL OSC FREQUENCY STABILITY:
PHASE DETECTOR LINEARITY:
MODULATION PHASE DETECTOR OUTPUT BANDWIDTH:
SPECTRUM ANALYSIS REPORT NUMBER:
HAS BEEN( ) WILL BE( ) PROVIDED TO:
ON (DATE):
RF LOSSES BETWEEN RECEIVER AND ANTENNA TERMINATIONS
( ) MEASURED AT ( ) MHZ

REMARKS:

CLASSIFICATION: * * * * * * UDS 1451 R
JAN90

FORMAT 1451 - COMPOSITE SYSTEMS CHARACTERISTICS (CONT'D)

TRANSMITTER CHARACTERISTICS:
Enter the data as required to describe the transmitter characteristics listed in these entries.

The information required by the Spectrum Analysis Report Number entry is mandatory and should be provided in accordance with the applicable support agency specifications.

Enter modulation criteria in the form of index rating.

REMARKS:
Enter any clarifying remarks.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1451 - COMPOSITE SYSTEMS CHARACTERISTICS (CONT'D)

TRANSMITTER CHARACTERISTICS

TYPE:
MODEL:
MANUFACTURER:
FREQUENCY RANGE (MHZ) ( ) TO ( )
OPERATING FREQUENCY (MHZ):
PHASE MODULATION
DEVIATION:
RESPONSE:
LINEARITY:
FREQUENCY MODULATION
DEVIATION:
RESPONSE:
LINEARITY:
PHASE STABILITY:
FREQUENCY STABILITY PLUS/MINUS ( ) PERCENT OF ( ) MHZ
TRANSMITTER POWER (WATTS)
AVERAGE:
PEAK:
BANDWIDTH (MHZ) AT
3 DB:
20 DB:
60 DB:
SPECTRUM ANALYSIS REPORT NUMBER:
HAS BEEN( ) WILL BE( ) PROVIDED TO:
ON (DATE):
RF LOSSES BETWEEN TRANSMITTER TERMINATION AND ANTENNA TERMINATION
( ) MEASURED AT ( ) MHZ
MODULATION CRITERIA:

REMARKS:

FORMAT 1451 - COMPOSITE SYSTEMS CHARACTERISTICS (CONT'D)

ANTENNA CHARACTERISTICS:
Enter the data required to describe the antenna characteristics. Antenna azimuth should be given from true north when the test unit is in a launch position. Use Format 1454 - Composite Systems Antenna Systems, with reference to the appropriate unit entry, to provide antenna and transmission system schematic. If maximum gain is greater than 12 dB, indicate main lobe beamwidth in elevation and azimuth at the 3 dB points in the Remarks.

RF Power Per Link into Antenna System Term (watts) entry is the same as that of transmitter power less the transmission system losses.

Submit antenna patterns in accordance with applicable directives of the support range. Support Agencies requiring antenna patterns in other formats should acquire the data through their normal channels. Phasing networks and couplers associated with antenna arrays are considered part of the antenna system. Losses in these elements should be included in the antenna pattern as inherent in the pattern measurement. If separate antennas are used to transmit and to receive, submit two pages of this format, one for each antenna system, with this entry properly completed.

REMARKS:
Enter any clarifying remarks.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1451 - COMPOSITE SYSTEMS CHARACTERISTICS (CONT'D)

ANTENNA CHARACTERISTICS

LOCATION
STATION ( ) PHI ( ) DEGREES
STATION ( ) PHI ( ) DEGREES
STATION ( ) PHI ( ) DEGREES
STATION ( ) PHI ( ) DEGREES
(PHI IS THE AZIMUTH OF THE ANTENNA AS DEFINED IN THE VEHICLE ANTENNA COORDINATE SYSTEM.)
TYPE:
MODEL:
MANUFACTURER:
FREQUENCY RANGE (MHZ) ( ) TO ( )
TUNABLE( ) FIXED( )
PREDOMINANT POLARIZATION (REFERENCE RCC DOCUMENT 253.)
E THETA( ) E PHI( ) CIRCULAR SENSE LH( ) RH( ), OTHER ( )
MAXIMUM GAIN WITH RESPECT TO ISOTROPIC (DB):
RF POWER PER LINK INTO ANTENNA SYSTEM TERMINATION (WATTS)
AVERAGE:
PEAK:
FORM OF ANTENNA PATTERN SUBMITTED
MAGNETIC TAPE( ) TABULATION( ) PAPER TAPE( ) PLOT( )
DATE SUBMITTED:
ANTENNA IS USED FOR
RECEIVE ONLY( ) TRANSMIT ONLY( ) BOTH( )

REMARKS:

FORMAT 1452 - COMPOSITE SYSTEMS RECEIVED DATA CHARACTERISTICS

NOTE: This format is used to describe the data that will be received by the vehicle/test item/spacecraft/payload composite systems.

ITEM NO.: Follow the preparation instructions for Format 1000.

VOICE COMMUNICATIONS:
Enter the voice communication data as required in these entries.

RANGING:
Enter the ranging data as requested.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1452 - COMPOSITE SYSTEMS RECEIVED DATA CHARACTERISTICS

ITEM NO.:

VOICE COMMUNICATIONS

SUBCARRIER
UP VOICE:
MODULATION:
BANDWIDTH UP VOICE
3 DB:
20 DB:
60 DB:
DEVIATION
MAXIMUM:
MINIMUM:
GUARD BAND
UPPER:
LOWER:
NOISE BAND WIDTH (KHZ)
SUBCARRIER:
VOICE:
S/N SUBCARRIER-PREDETECTION:

RANGING

TYPE:
MODULATION:
BANDWIDTH
3 DB:
20 DB:
60 DB:
DEVIATION
MAXIMUM:
MINIMUM:
GUARD BAND
UPPER:
LOWER:
BIT RATE (BIT/SEC):
CLOCK RATE (BIT/SEC):

FORMAT 1452 - COMPOSITE SYSTEMS RECEIVED DATA CHARACTERISTICS (CONT'D)

RECEIVED DATA:
Enter the received data as requested in these entries. Under Data Format identify the type of command data e.g., realtime, computer data word, time word, etc. Under each type of command data enter the following information:

Number of words_____
Test Unit Coding Address_____bits
Systems Coding Address_____bits
Functional Word_____bits

REMARKS:
Enter any clarifying remarks or additional data in this entry.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1452 - COMPOSITE SYSTEMS RECEIVED DATA CHARACTERISTICS (CONT'D)

RECEIVED DATA

MODULATION:
SUBCARRIER FREQUENCY:
BANDWIDTH
3 DB:
20 DB:
60 DB:
DEVIATION
MAXIMUM:
MINIMUM:
GUARD BAND
UPPER:
LOWER:
INFORMATION RATE (BIT/SEC):
CODE BIT RATE (BIT/SEC):
SYNCHRONIZATION (KHZ):
DATA FORMAT:

REMARKS:

FORMAT 1453 - COMPOSITE SYSTEMS TRANSMITTED DATA CHARACTERISTICS

NOTE: This format is used to describe the data that will be transmitted by the vehicle/test item/spacecraft/payload composite systems.

ITEM NO.: Follow the preparation instructions for Format 1000.

TELEMETRY:
Enter the characteristics of the transmitted telemetry data as specified. Indicate measurement units where necessary.

VOICE COMMUNICATIONS:
Enter the voice communications data as required in these entries. Indicate frequencies in KHZ, MHZ, etc.

RANGING:
Enter the ranging data as requested in these entries.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1453 - VEHICLE COMPOSITE SYSTEMS TRANSMITTED DATA CHARACTERISTICS

ITEM NO.:

TELEMETRY

SUBCARRIER FREQUENCY:
MODULATION:
BANDWIDTH
3 DB:
20 DB:
60 DB:
DEVIATION MAXIMUM ( ) MINIMUM ( )
GUARD BAND UPPER ( ) LOWER ( )
CODING:
WAVEFORM RZ( ) NRZL( ) NRZ( ) NRZM( )
DATA FORMAT (MIN MODE)
BIT RATE (Kb/s):
WORD STRUCTURE (BITS):
PRIME FRAME (WORD/PF):
SUBFRAME (SF/PF):
MODE:

VOICE COMMUNICATIONS

SUBCARRIER FREQUENCY
DOWN VOICE:
MODULATION:
BANDWIDTH
3 DB:
20 DB:
60 DB:
DEVIATION MAXIMUM ( ) MINIMUM ( )
GUARD BAND UPPER ( ) LOWER ( )
MODE:

RANGING

TYPE:
MODULATION:
BANDWIDTH
3 DB:
20 DB:
60 DB:
DEVIATION MAXIMUM ( ) MINIMUM ( )
GUARD BAND UPPER ( ) LOWER ( )
BIT RATE (BIT/SEC):
CLOCK RATE (BIT/SEC):
MODE:

CLASSIFICATION: * * * * * * UDS 1453 R
JAN90

FORMAT 1453 - COMPOSITE SYSTEMS TRANSMITTED DATA CHARACTERISTICS (CONT'D)

TELEVISION:
Enter the data as required. Use Formats 1463 and 1468 to describe the test unit television system format.

REMARKS:
Enter any clarifying remarks in this entry.

1453 - COMPOSITE SYSTEMS TRANSMITTED DATA CHARACTERISTICS (CONT'D)

TELEVISION

SUBCARRIER FREQUENCY:
MODULATION:
BANDWIDTH
3 DB:
20 DB:
60 DB:
DEVIATION MAXIMUM ( ) MINIMUM ( )
GUARD BAND UPPER ( ) LOWER ( )
FRAME RATE:
LINES/FRAME:
HORIZONTAL RESOLUTION:
VIDEO BANDWIDTH:
GRAY SCALE:
ASPECT RATIO:
VERTICAL BLANKING:
HORIZONTAL BLANKING:
HORIZONTAL SYNC:
VERTICAL SYNC:
S/N RATIO:
MODE:

REMARKS:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1454 - COMPOSITE SYSTEMS ANTENNA SYSTEMS

NOTE: This format is used to describe the vehicle/test item/spacecraft/payload composite systems antenna systems.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Provide a block diagram of each antenna system, including module number, cable-numbers, and schematic numbers as applicable. A cross-section drawing showing the antenna location(s) on the test unit should be included.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1454 - COMPOSITE SYSTEMS ANTENNA SYSTEMS

ITEM NO.:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1454 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1455 - COMPOSITE SYSTEMS DIAGRAMS

NOTE: This format is used to describe the operation of the vehicle/test item/spacecraft/payload composite systems by means of diagrams.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Denote the special composite systems capability information for this program or mission. Also, provide the proposed or existing system functional design. Indicate the location of the system(s) by stage, module, etc.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1455 - COMPOSITE SYSTEMS DIAGRAMS

ITEM NO.:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1455 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1456 - COMPOSITE SYSTEMS OPERATING MODES

NOTE: This format is used to summarize the modes of operation of the vehicle/test item/spacecraft/payload composite systems and the type of data to be received and transmitted during these different modes of operation.

ITEM NO.: Follow the preparation instructions for Format 1000.

RECEIVED DATA LINKS:
Enter the applicable operating mode, functions (command, ranging, etc.), and type/index rating of modulation that will be used with the received data link.

TRANSMITTED DATA LINKS:
Enter the applicable operating mode, functions (command, ranging, etc.), and type/index rating of modulation that will be used with the transmitted data.

REMARKS:
This entry is provided for any additional information that may be required.

1456 - COMPOSITE SYSTEMS OPERATING MODES

ITEM NO.:

RECEIVED DATA LINKS

MODE:
FUNCTION:
MODULATION:

TRANSMITTED DATA LINKS

MODE:
FUNCTION:
MODULATION:

REMARKS:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1457 - COMPOSITE SYSTEMS DATA RECORDER CHARACTERISTICS

NOTE: This format is used to describe vehicle/test item/spacecraft/payload recorders and data that is to be recorded.

ITEM NO.: Follow the preparation instructions for Format 1000.

RCC( ) NON-RCC( ):
Place an "X" in the applicable space if RCC or NON-RCC.

GENERAL INFORMATION:
Enter the information required. Include measurement units where necessary.

TRACK:
Identify the recorder track on which the data is recorded.

CHANNEL:
Identify the link/channel being recorded, if applicable.

SCO FREQUENCY:
If RCC, no entry required; otherwise enter the information required.

INFORMATION BANDWIDTH:
If RCC, no entry required; otherwise enter the information required.

FREQUENCY DEVIATION:
If RCC, no entry required; otherwise enter the information required.

TYPE DATA:
Identify the type of data associated with each channel such as telemetry, voice, etc.

REMARKS:
Enter additional information which may be required to describe the test unit recording system adequately.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1457 - COMPOSITE SYSTEMS DATA RECORDER CHARACTERISTICS

ITEM NO.:

RCC( ) NON-RCC( )

GENERAL INFORMATION

NUMBER:
TYPE:
MODEL:
MANUFACTURER:
RECORD RATE (IPS):
RECORDING TIME CAPABILITY:
PLAYBACK RATE (IPS):
PLAYBACK LINK:
CHANNEL:
TIME(S) OF PLAYBACK:
SCHEDULED ( ) COMMAND ( )
LENGTH OF PLAYBACK TIME:
DESCRIPTION OF PLAYBACK DATA:

TRACK:

CHANNEL:

SCO FREQUENCY:

INFORMATION BANDWIDTH:

FREQUENCY DEVIATION:

TYPE DATA:

REMARKS:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1460 - VEHICLE/TEST ITEM TELEVISION SYSTEMS OPERATING DESCRIPTION

NOTE: This format is used to describe the vehicle/test item television systems.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Provide a general description of the vehicle/test item television systems. Include an operating description detailing the function and location of each subsystem.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1460 - VEHICLE/TEST ITEM TELEVISION SYSTEMS OPERATING DESCRIPTION

ITEM NO.:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1460 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1461 - VEHICLE/TEST ITEM TELEVISION SYSTEMS CHARACTERISTICS

NOTE: This format is prepared by the Requesting Agency to provide the Support Agencies with the information to evaluate the compatibility of the vehicle/test item television system with the network receivers.

ITEM NO.: Follow the preparation instructions for Format 1000.

GENERAL INFORMATION:
Make entries as applicable. Include measurement units where necessary.

TRANSMITTER CHARACTERISTICS:
Make entries as applicable. Include measurement units where necessary.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1461 - VEHICLE/TEST ITEM TELEVISION SYSTEMS CHARACTERISTICS

ITEM NO.:

GENERAL INFORMATION

VIDEO CHARACTERISTICS

VIDEO BANDWIDTH:
GRAY SCALE:
ASPECT RATIO:
S/N RATIO:

SIGNAL FORMAT

LINES/FRAMES

VERTICAL BLANKING (uSEC):
HORIZONTAL BLANKING (uSEC):
HORIZONTAL SYNC ( ) uSEC OF DC LEVEL
BLACK-TO-WHITE SIGNAL
VERTICAL SYNC ( ) uSEC OF DC LEVEL
BLACK-TO-WHITE SIGNAL
FRAME RATE (FRAMES/SEC):
VERTICAL RESOLUTION (LINES):

CAMERA SIGNAL COUPLED TO PREMOD PROCESSOR AC( ) DC( )

TRANSMITTER CHARACTERISTICS

TYPE:
MODEL:
MANUFACTURER:
FREQUENCY RANGE (MHZ) ( ) TO ( )
OPERATING FREQUENCY (MHZ):
TYPE MODULATION:
BANDWIDTH (KHZ) AT
3 DB:
20 DB:
60 DB:
MAXIMUM DEVIATION (KHZ):
FREQUENCY STABILITY PLUS/MINUS ( ) PERCENT OF ( ) KHZ
TRANSMITTER POWER (WATTS)
AVERAGE:
PEAK:

CLASSIFICATION: * * * * * * UDS 1461 R
JAN90

FORMAT 1461 - VEHICLE/TEST ITEM TELEVISION SYSTEMS CHARACTERISTICS (CONT'D)

TRANSMITTER CHARACTERISTICS (CONT'D):

NOTE: The information required in entries "Spectrum Analysis" and "Antenna Patterns" is mandatory for certain support organizations and should be provided in accordance with the applicable Support Agency specifications.

ANTENNA CHARACTERISTICS:
Make entries as applicable. If maximum gain is greater than 12 dB, indicate main lobe beamwidth in elevation and azimuth at the 3 dB points in REMARKS.

RF Power Per Link into Antenna System Termination (watts) information is the same as that of the Transmitter Power, less the Transmission System Losses.

Networks and couplers associated with antenna arrays which are part of the antenna losses should be included in the antenna pattern or be made inherent in the pattern measurement.

REMARKS:
Enter any clarifying remarks.

1461 - VEHICLE/TEST ITEM TELEVISION SYSTEMS CHARACTERISTICS (CONT'D)

TRANSMITTER CHARACTERISTICS (CONT'D)

SPECTRUM ANALYSIS REPORT NUMBER:
HAS BEEN ( ) WILL BE ( ) PROVIDED TO:
ON (DATE):
MODULATION CRITERIA:

RF LOSSES BETWEEN TRANSMITTER AND ANTENNA TERMINATIONS
( ) MEASURED AT ( ) MHZ

ANTENNA CHARACTERISTICS

LOCATION
STATION ( ) PHI ( ) DEGREES
STATION ( ) PHI ( ) DEGREES
STATION ( ) PHI ( ) DEGREES
STATION ( ) PHI ( ) DEGREES
(PHI IS THE AZIMUTH OF THE ANTENNA AS DEFINED IN THE VEHICLE ANTENNA COORDINATE SYSTEM.)

TYPE:
MODEL:
MANUFACTURER:
FREQUENCY RANGE (MHZ) ( ) TO ( )
TUNABLE( ) FIXED( )
PREDOMINANT POLARIZATION (REFERENCE RCC DOCUMENT 253.)
E THETA( ) E PHI( ) CIRCULAR SENSE LH( ) RH( ), OTHER( )
MAXIMUM GAIN WITH RESPECT TO ISOTROPIC (DB):
RF POWER PER LINK INTO ANTENNA SYSTEM TERMINATION (WATTS)
AVERAGE:
PEAK:
FORM OF ANTENNA PATTERN SUBMITTED
MAG TAPE( ) TABULATION( ) PAPER TAPE( ) PLOT( )
SUBMITTED TO:
DATE SUBMITTED:
ANTENNA IS USED FOR RECEIVE ONLY( ) TRANSMIT ONLY( ) BOTH( )

REMARKS:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1462 - VEHICLE/TEST ITEM TELEVISION SYSTEMS ANTENNA SYSTEMS

NOTE: This format is used to diagram the vehicle/test item television antenna systems.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Provide a block diagram of the antenna systems, including module number, cable numbers, and schematic numbers as applicable. A cross-section drawing showing the vehicle/test item antenna locations should be included.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1462 - VEHICLE/TEST ITEM TELEVISION SYSTEMS ANTENNA SYSTEMS

ITEM NO.:
INFORMATION:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1463 - VEHICLE/TEST ITEM TELEVISION SYSTEMS FORMAT DESCRIPTION

NOTE: This format is used to describe the vehicle/test item television format.

ITEM NO.: Follow the preparation instructions for Format 1000.

COMPOSITE WAVEFORM:
Illustrate a composite video signal showing maximum white and black amplitudes. The following should appear on the diagram from left to right:

(1) Horizontal sync
(2) One line of video
(3) Horizontal and vertical sync
(4) One line of video and horizontal sync

SYNC FORMAT INFORMATION:
Provide the value(s) for each item listed.

SECTION DETAIL - VERTICAL BLANK AND SYNC:
Illustrate the vertical sync signal and identify the time intervals.

SECTION DETAIL - HORIZONTAL BLANK AND SYNC:
Illustrate the horizontal sync signal and identify the time intervals.

SECTION DETAIL - LINE PERIOD:
Illustrate the line period of the Composite Waveform. Specify the time interval and the relative amplitude of the video signal (white to black) to sync signal.

SECTION DETAIL - OTHER:
Use for additional illustrations or details as appropriate.

REMARKS:
Enter brief explanatory remarks as required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1463 - VEHICLE/TEST ITEM TELEVISION SYSTEMS FORMAT DESCRIPTION

ITEM NO.:

COMPOSITE WAVEFORM:

SYNC FORMAT INFORMATION

FUNCTION	VALUE
LINE FREQUENCY (LPF):	
FRAME RATE (FPS):	
SYNC FREQUENCY (KHZ):	
VERTICAL SYNC (MSEC):	
LINE PERIOD (uSEC):	
HORIZONTAL SYNC (uSEC):	
FRONT PORCH (uSEC):	
BACK PORCH (uSEC):	
S-WHITE TO BLACK SIGNAL AMPLITUDE (VOLTS):	
SYNC AMPLITUDE (VOLTS)	
D.C. OFFSET (VOLTS):	

SECTION DETAIL
VERTICAL BLANK AND SYNC

SECTION DETAIL
HORIZONTAL BLANK AND SYNC

SECTION DETAIL
LINE PERIOD

SECTION DETAIL
OTHER

REMARKS:

CLASSIFICATION: * * * * * * UDS 1463 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1465 - SPACECRAFT/PAYLOAD TELEVISION SYSTEMS OPERATING DESCRIPTION

NOTE: This format is used to describe the spacecraft/payload television systems operation.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Provide a general description of the spacecraft/payload television systems. Include an operating description detailing the function and location of each subsystem.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1465 - SPACECRAFT/PAYLOAD TELEVISION SYSTEMS OPERATING DESCRIPTION

ITEM NO.:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1465 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1466 - SPACECRAFT/PAYLOAD TELEVISION SYSTEMS CHARACTERISTICS

NOTE: This format is prepared by the Requesting Agency to provide the Support Agencies with the information to evaluate the compatibility of the spacecraft/payload television systems with the network receivers.

ITEM NO.: Follow the preparation instructions for Format 1000.

GENERAL INFORMATION:
Make entries as applicable. Include measurement units where necessary.

TRANSMITTER CHARACTERISTICS:
Make entries as applicable. Include measurement units where necessary.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1466 - SPACECRAFT/PAYLOAD TELEVISION SYSTEMS CHARACTERISTICS

ITEM NO.:

GENERAL INFORMATION

VIDEO CHARACTERISTICS

VIDEO BANDWIDTH:
GRAY SCALE:
ASPECT RATIO:
S/N RATIO:

SIGNAL FORMAT

LINES/FRAMES

VERTICAL BLANKING (uSEC):
HORIZONTAL BLANKING (uSEC):
HORIZONTAL SYNC ( ) uSEC OF DC LEVEL BLACK-TO-WHITE SIGNAL
VERTICAL SYNC ( ) uSEC OF DC LEVEL BLACK-TO-WHITE SIGNAL
FRAME RATE (FRAMES/SEC):
VERTICAL RESOLUTION (LINES):

CAMERA SIGNAL COUPLED TO PREMOD PROCESSOR AC( ) DC( )

TRANSMITTER CHARACTERISTICS

TYPE:
MODEL:
MANUFACTURER:
FREQUENCY RANGE (MHZ) ( ) TO ( )
OPERATING FREQUENCY (MHZ):
TYPE MODULATION:
BANDWIDTH (KHZ) AT
3 DB:
20 DB:
60 DB:
MAXIMUM DEVIATION (KHZ):
FREQUENCY STABILITY PLUS/MINUS ( ) PERCENT OF ( ) MHZ
TRANSMITTER POWER (WATTS)
AVERAGE:
PEAK:

CLASSIFICATION: * * * * * * UDS 1466 R
JAN90

FORMAT 1466 - SPACECRAFT/PAYLOAD TELEVISION SYSTEMS CHARACTERISTICS (CONT'D)

TRANSMITTER CHARACTERISTICS (CONT'D):

NOTE: The information required in entries "Spectrum Analysis" and "Antenna Patterns" is mandatory for certain support organizations and should be provided in accordance with the applicable Support Agency specifications.

ANTENNA CHARACTERISTICS:
Make entries as applicable. If maximum gain is greater than 12 dB, indicate main lobe beamwidth in elevation and azimuth at the 3 dB points in REMARKS.

RF Power Per Link into Antenna System Termination (watts) information is the same as that of the Transmitter Power, less the Transmission System Losses.

Networks and couplers associated with antenna arrays which are part of the antenna losses should be included in the antenna pattern or be made inherent in the pattern measurement.

REMARKS:
Enter any clarifying remarks.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1466 - SPACECRAFT/PAYLOAD TELEVISION SYSTEMS CHARACTERISTICS (CONT'D)

TRANSMITTER CHARACTERISTICS (CONT'D)

SPECTRUM ANALYSIS REPORT NUMBER:
HAS BEEN ( ) WILL BE ( ) PROVIDED TO:
ON (DATE):
MODULATION CRITERIA:

RF LOSSES BETWEEN TRANSMITTER AND ANTENNA TERMINATIONS
( ) MEASURED AT ( ) MHZ

ANTENNA CHARACTERISTICS

LOCATION
STATION ( ) PHI ( ) DEGREES
STATION ( ) PHI ( ) DEGREES
STATION ( ) PHI ( ) DEGREES
STATION ( ) PHI ( ) DEGREES
(PHI IS THE AZIMUTH OF THE ANTENNA AS DEFINED IN THE VEHICLE ANTENNA COORDINATE SYSTEM.)
TYPE:
MODEL:
MANUFACTURER:
FREQUENCY RANGE (MHZ) ( ) TO ( )
TUNABLE( ) FIXED( )
PREDOMINANT POLARIZATION (REFERENCE RCC DOCUMENT 253.)
E THETA( ) E PHI( ) CIRC SENSE: LH( ) RH( ), OTHER( )
MAXIMUM GAIN WITH RESPECT TO ISOTROPIC (DB):
RF POWER PER LINK INTO ANTENNA SYSTEM TERMINATION (WATTS)
AVERAGE:
PEAK:
FORM OF ANTENNA PATTERN SUBMITTED
MAGNETIC TAPE( ) TABULATION( ) PAPER TAPE( ) PLOT( )
SUBMITTED TO:
DATE SUBMITTED:
ANTENNA IS USED FOR RECEIVE ONLY( ) TRANSMIT ONLY( ) BOTH( )

REMARKS:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1467 - SPACECRAFT/PAYLOAD TELEVISION SYSTEMS ANTENNA SYSTEMS

NOTE: This format is used to describe the spacecraft/payload television antenna systems.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Provide a block diagram of the spacecraft/payload antenna systems, including module number, cable numbers, and schematic numbers as applicable. A cross-section drawing showing the antenna locations on the test unit should be included.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1467 - SPACECRAFT/PAYLOAD TELEVISION SYSTEMS ANTENNA SYSTEMS

ITEM NO.:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1467 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1468 - SPACECRAFT/PAYLOAD TELEVISION SYSTEMS FORMAT DESCRIPTION

NOTE: This format is used to describe the spacecraft/payload television format.

ITEM NO.: Follow the preparation instructions for Format 1000.

COMPOSITE WAVEFORM:
Illustrate a composite video signal showing maximum white and black amplitudes. The following should appear on the diagram from left to right:

(1) Horizontal sync
(2) One line of video
(3) Horizontal and vertical sync
(4) One line of video and horizontal sync

SYNC FORMAT INFORMATION:
Provide the value(s) for each item listed.

SECTION DETAIL - VERTICAL BLANK AND SYNC:
Illustrate a vertical sync signal and identify the time intervals.

SECTION DETAIL - HORIZONTAL BLANK AND SYNC:
Illustrate a horizontal sync signal and identify the time intervals.

SECTION DETAIL - LINE PERIOD:
Illustrate a line period of the Composite Waveform. Specify the time interval and the relative amplitude of the video signal (white to black) to sync signal.

SECTION DETAIL - OTHER:
Use for additional illustrations or details as appropriate.

REMARKS:
Enter brief explanatory remarks as required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1468 - SPACECRAFT/PAYLOAD TELEVISION SYSTEMS FORMAT DESCRIPTION

ITEM NO.:

COMPOSITE WAVEFORM:

SYNC FORMAT INFORMATION

FUNCTION	VALUE
LINE FREQUENCY (LPF):	
FRAME RATE (FPS):	
SYNC FREQUENCY (KHZ):	
VERTICAL SYNC (MSEC):	
LINE PERIOD (uSEC):	
HORIZONTAL SYNC (uSEC):	
FRONT PORCH (uSEC):	
BACK PORCH (uSEC):	
S-WHITE TO BLACK SIGNAL AMPLITUDE (VOLTS):	
SYNC AMPLITUDE (VOLTS)	
D.C. OFFSET (VOLTS):	

SECTION DETAIL
VERTICAL BLANK AND SYNC

SECTION DETAIL
HORIZONTAL BLANK AND SYNC

SECTION DETAIL
LINE PERIOD

SECTION DETAIL
OTHER

REMARKS:

CLASSIFICATION: * * * * * * UDS 1468 R
JAN90

FORMAT 1470 - RECOVERY LOCATION AIDS

NOTE: This format is used to describe the vehicle/test item/spacecraft/payload recovery location aids.

ITEM NO.: Follow the preparation instructions for Format 1000.

FLOTATION DURATION:
Enter flotation duration of the test unit to be recovered.

ELECTRONIC AIDS:
Enter the type of recovery aid, i.e., HF beacon transmitter, VHF recovery beacon, VHF telemetry, etc. and its characteristics. Enter when the recovery aid is activated i.e., main chute deployment, impact, after landing, continuous, etc.

VISUAL AIDS:
Enter all visual aids, i.e., sea marker, flashing lights, etc. and their characteristics. Enter the time and method of activation of the visual aid, i.e., at impact, manually automatic, etc.

REMARKS:
Enter additional information if required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1470 - RECOVERY LOCATION AIDS

ITEM NO.:

FLOTATION DURATION:

ELECTRONIC AIDS

TYPE:
POWER OUT (WATTS):
FREQUENCY (MHZ):
MODULATION:
ACTIVATED:

VISUAL AIDS

TYPE:
INTENSITY:
COLOR:
ACTIVATION:

REMARKS:

FORMAT 1480 - OTHER SYSTEMS

NOTE: This format is used to provide technical information on other vehicle/test item/spacecraft/payload data acquisition equipment which has not been covered elsewhere in the document.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
Enter the vehicle, stage, module, etc. where the equipment is located. Provide a brief technical description of the test unit equipment which requires support or which will aid in the support activities.

1480 - OTHER SYSTEMS

ITEM NO.:
INFORMATION:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1500 - REQUESTING AGENCY'S SUPPORT INSTRUMENTATION/EQUIPMENT

NOTE: This format is prepared by the Requesting Agency to provide the Support Agencies with a current listing of Requesting Agency equipment other than transmitters and receivers. Include airborne, shipborne, and ground instrumentation equipment such as X-ray or fluroscopic equipment, optical tracking, or infrared measuring equipment, data converters, computers, etc., that require support or that interface with Support Agency equipment.

ITEM NO.: Follow the preparation instructions for Format 1000.

INFORMATION:
List and briefly describe any instrumentation not listed elsewhere in the document that will be used during the program/mission and require support or interface with Support Agency equipment.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1500 - REQUESTING AGENCY'S SUPPORT INSTRUMENTATION/EQUIPMENT

ITEM NO.:
INFORMATION:

FORMAT 1510 - CHARACTERISTICS

NOTE: This format is prepared by the Requesting Agency to provide the Support Agencies with a current list of all Requesting Agencies electronics radiating and receiving equipment and to provide the necessary frequency control and analysis services. Include all radiating and receiving equipments not covered elsewhere in the document. Use additional formats to describe all individual items.

ITEM NO.: Follow the preparation instructions for Format 1000.

TRANSMITTER CHARACTERISTICS:
Provide the requested data for all transmitters, other than those described elsewhere, which will be brought onto the range by the Requesting Agency. If spectrum analysis reports are available, they should be provided in accordance with the applicable support agency specifications. Use a separate format for each transmitter.

NOTE: Transmitting systems which require extensive periods of RF checkout time will be equipped with a closed loop or nonradiating checkout device.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1510 - CHARACTERISTICS

ITEM NO.:

TRANSMITTER CHARACTERISTICS

LOCATION:
TYPE:
MODEL:
MANUFACTURER:
NUMBER OF EQUIPMENTS:
FIXED( ) MOBILE( )
TYPE OF SERVICE
GROUND/GROUND( )
GROUND/AIR( )
OTHER( )
FREQUENCY RANGE ( ) TO ( ) MHZ
TUNABLE( ) FIXED( )
METHOD OF FREQUENCY CONTROL:

BANDWIDTH AT 3 DB ( ) MHZ AND AT 60 DB ( ) MHZ
EMISSION: AM( ) FM( )
PULSE( ) COMPOSITE NONSTANDARD( )
FREQUENCY STABILITY PLUS/MINUS ( ) PERCENT OF CENTER FREQUENCY (
AVERAGE POWER ( ) WATTS
PEAK PULSE POWER ( ) WATTS
NORMAL PRF ( ) PPS
MAXIMUM PRF ( ) PPS
PULSE WIDTHS AT 3 DB POINTS
( ) ( ) ( ) uSEC
HARMONIC SUPPRESSION IN DB
2ND ( ) 3RD ( ) 4TH ( )
CODING AND/OR MODULATION:
SPECTRUM ANALYSIS REPORT NUMBER:
HAS BEEN ( ) WILL BE ( ) PROVIDED TO:
ON (DATE):

CLASSIFICATION: * * * * * * UDS 1510 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1510 - CHARACTERISTICS (CONT'D)

ANTENNA CHARACTERISTICS:
Provide the requested data on antennas for the transmitter. If maximum gain is greater than 12 dB, indicate main lobe beamwidth in elevation and azimuth at the 3 dB points in REMARKS.

RECEIVER CHARACTERISTICS:
Enter the data requested. In the Spectrum Analysis Report Number entry include the date if applicable.

REMARKS:
Enter any clarifying remarks.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1510 - CHARACTERISTICS (CONT'D)

ANTENNA CHARACTERISTICS

LOCATION:
TYPE:
MODEL:
MANUFACTURER:
FREQUENCY RANGE ( ) TO ( ) MHZ
TUNABLE( ) FIXED( )
PREDOMINANT POLARIZATION (CHECK ONE)
VERTICAL( ) HORIZONTAL( ) CIRCULAR SENSE LH( ) RH( ), OTHER( )
MAXIMUM GAIN WITH RESPECT TO ISOTROPIC ( ) DB
MAIN LOBE BEAMWIDTH IN DEGREES AT 3 DB POINT
ELEVATION:
AZIMUTH:
RATE OF ROTATION ( ) RPM. INDICATE IF FIXED ( )
SPECTRUM ANALYSIS REPORT NUMBER:
HAS BEEN ( ) WILL BE ( ) PROVIDED TO:
ON (DATE):

RECEIVER CHARACTERISTICS

LOCATION:
TYPE:
MODEL:
MANUFACTURER:
NUMBER OF EQUIPMENTS:
FIXED( ) MOBILE( )
FREQUENCY STABILITY PLUS/MINUS ( ) PERCENT OF CENTER FREQUENCY (
METHOD OF RECEIVER FREQUENCY CONTROL:

INTERMEDIATE FREQUENCY:
RECEIVER SELECTIVITY IN DB
3 DB ( ) 20DB ( ) AND 60DB ( )
RECEIVER SENSITIVITY ( ) DBM
LOCAL OSCILLATOR FREQUENCY ABOVE( ) BELOW( )
SPURIOUS RESPONSE REJECTION ( ) DB
CODED AND/OR MODULATION:
SPECTRUM ANALYSIS REPORT NUMBER:
HAS BEEN ( ) WILL BE ( ) PROVIDED TO:
IF NOT, WILL BE AVAILABLE ON (DATE):

REMARKS:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1600 - SYSTEMS READINESS/PRELAUNCH TESTS

NOTE: This format is used by the Requesting Agency to provide general information and requirements pertaining to the systems readiness/prelaunch tests.

ITEM NO.: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

INFORMATION:
Describe in a narrative manner, general test plans and requirements pertaining to the specific tests. Charts, diagrams, flow charts, etc., may be included where appropriate.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1600 - SYSTEMS READINESS/PRELAUNCH TESTS

ITEM NO.:
TEST CODE:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1600 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1610 - READINESS/PRELAUNCH TESTS IDENTIFICATION

NOTE: This format is used to list the readiness/prelaunch tests and the associated identification number which is assigned to each test document.

ITEM NO.: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TEST NAME:
List the titles of the readiness/prelaunch tests. List the tests in the order in which the test requirements appear in the document, if appropriate.

NUMBER:
Enter the identification number assigned to each test document.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1610 - READINESS/PRELAUNCH TESTS IDENTIFICATION

ITEM NO.:
TEST CODE:

TEST NAME	NUMBER
---	---

CLASSIFICATION: * * * * * * UDS 1610 R
JAN90

FORMAT 1620 - READINESS/PRELAUNCH TESTS SEQUENCE

NOTE: This format is used to identify the sequence and nominal time of major events for each of the readiness/prelaunch tests. Time, as specified, is nominal and subject to change.

ITEM NO.: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TEST:
Enter the title of readiness/prelaunch test.

NOMINAL TIME:
Enter the nominal time that each major event is programmed, starting from a time reference that may be simulated lift-off, or simulated stage firing, etc. Time, as specified, is nominal and subject to change.

TIME DURATION:
Enter the time duration of the corresponding major events.

SUPPORT TIME:
Enter the amount of time that will be required in support of the corresponding major event.

MAJOR EVENTS:
List the major events that will be performed at the time listed, i.e., start transmission of test unit PCM telemetry, start test unit systems check, etc.

REMARKS:
Enter special remarks with respect to the time, requirements, or support.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1620 - READINESS/PRELAUNCH TESTS SEQUENCE

ITEM NO.:
TEST CODE:

TEST:

NOMINAL TIME	TIME DURATION	SUPPORT TIME	MAJOR EVENTS

REMARKS:

CLASSIFICATION: * * * * * * UDS 1620 R
JAN90

FORMAT 1630 - READINESS/PRELAUNCH TESTS TERMINAL COUNTDOWN

NOTE: This format is used to describe the relationship of the major milestones that occur during a countdown (pre-count, mid-count and terminal-count). Included in this format should be only those items which affect the requirements in the remainder of the document.

The countdown contained on this format is a minimal countdown and is to be used for planning purposes only. For a detailed sequence of operations, the applicable test and checkout procedure should be consulted.

ITEM NO.: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TIME:
Enter in chronological order the times from T-0 when each operation is to be started and completed or when each service is to be rendered. An event that occurs four hours before T-0 will be shown as occurring at T-4 hours. The specific units of time must be included, i.e., d(days), h(hours), m(minutes), and s(seconds).

OPERATION OR SERVICE:
List the operations or services that will be performed at the time listed.

REMARKS:
Enter clarifying remarks if required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1630 - READINESS/PRELAUNCH TESTS TERMINAL COUNTDOWN

ITEM NO.:
TEST CODE:

TIME		
START	COMPLETE	OPERATION OR SERVICE

REMARKS:

CLASSIFICATION: * * * * * * UDS 1630 R
JAN90

FORMAT 1700 - TEST ENVELOPE INFORMATION

NOTE: This format is used to establish a general "Test Envelope" in the early stages of the program.

ITEM NO.: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

INFORMATION:
For the maximum, typical, and minimum trajectories, enter the known or probable values of the characteristics requested. The typical trajectory is that which will be used in the bulk of flight testing and is not necessarily the "average" as concerns characteristics. Use the remaining entries to enter known or probable values of range, altitude, error probabilities, azimuth, and maximum performance (velocity, etc.). For test distribution, enter the percentage of total firings or test in which each different trajectory will be used.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1700 - TEST ENVELOPE INFORMATION

ITEM NO.:
TEST CODE:

TRAJECTORY
MAXIMUM:
TYPICAL:
MINIMUM:

RANGE
MAXIMUM:
TYPICAL:
MINIMUM:

ALTITUDE
MAXIMUM:
TYPICAL:
MINIMUM:

QE
MAXIMUM:
TYPICAL:
MINIMUM:

AZIMUTH
MAXIMUM:
TYPICAL:
MINIMUM:

MAXIMUM PERFORMANCE
MAXIMUM:
TYPICAL:
MINIMUM:

TEST DISTRIBUTION
MAXIMUM:
TYPICAL:
MINIMUM:

REMARKS:

CLASSIFICATION: * * * * * * UDS 1700 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1710 - MAJOR MISSION EVENTS - LAUNCH PHASE

NOTE: This format is used to provide trajectory parameters for each major mission event which occurs during the launch phase of the mission from lift off through insertion (outboard engine cutoff, escape system jettison, ullage for ignition, etc.).

ITEM NO.: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

SPHEROID: Designate the spheroid used in deriving the trajectory parameters, and give the major axis and minor axis.

EVENT NO.: Enter the event numbers sequentially beginning with number (1).

EVENT DESCRIPTION: Describe the event for which the information is to be provided.

EVENT: Enter the corresponding event number from above or abbreviated event description.

TIME: Give the time referenced to lift off at which the event occurs. If another time base is used, it must be defined in REMARKS.

FLIGHT PATH ANGLE: Give the earth fixed flight path angle of the vehicle at the time specified.

VEL: Give the earth fixed velocity of the vehicle at the time specified. Enter in the heading the units used (feet/sec, meters/sec, etc.).

ALT: Give the altitude of the vehicle at the time specified. Enter in the heading the units used (feet, meters, kilometers, etc.).

GND RANGE: Give the ground range from the vehicle point to the launcher at the time specified. Enter in the heading the units used (feet, meters, nautical miles, etc.).

X: Give the X coordinate of the vehicle at the time specified. Enter in the heading the units used (feet, meters, etc.).

Y: Give the Y coordinate of the vehicle at the time specified above. Enter in the heading the units used (feet, meters, etc.).

Z: Give the Z coordinate of the vehicle at the time specified. Enter in the heading the units used (feet, meters, etc.).

COORDINATE SYSTEM: Describe the coordinate system used to derive the coordinates provided above. Include the location of the origin and the orientation of each axis.

REMARKS: Enter any additional information required to clarify the data provided on the format.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1710 - MAJOR MISSION EVENTS - LAUNCH PHASE

ITEM NO.:
TEST CODE:

SPHEROID:
MAJOR AXIS:
MINOR AXIS:

EVENT NO.	EVENT DESCRIPTION
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	

EVENT	TIME	FLIGHT PATH ANGLE	VEL	ALT	GRND RANGE	X	Y	Z

COORDINATE SYSTEM:

REMARKS:

CLASSIFICATION: * * * * * * UDS 1710 R JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1711 - MAJOR MISSION EVENTS - FLIGHT

NOTE: This format is used when insertion (orbit) is achieved and to list all significant events through the re-entry phase.

ITEM NO.: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

EVENT NO.:
Enter the event numbers sequentially beginning with the number (1).

EVENT DESCRIPTION:
Enter a descriptive title of the event.

ELAPSED TIME:
Enter the initiation time of the event after liftoff. If another time base is used, it must be defined in REMARKS.

POSITION:
Enter the latitude, longitude, and altitude of the earth projection where the event occurs. Altitude should be referenced to mean sea level.

REV NO.:
For orbital events, list the revolution in which the event takes place.

REMARKS:
Enter any explanatory comments that may be required to clarify terminology. Also, make reference to corresponding entries identified on Format 1712, where application of thrust is involved in the event.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1711 - MAJOR MISSION EVENTS - FLIGHT

ITEM NO.:
TEST CODE:

EVENT NO.	EVENT DESCRIPTION	ELAPSED TIME	POSITION			REV NO.
			LAT	LONG	ALT	

REMARKS:

CLASSIFICATION: * * * * * * UDS 1711 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1712 - SPACE MANEUVER - APPLICATION OF THRUST

NOTE: This format is used to describe each event which results in changes to those orbital parameters which could affect Acquisition of Signal (AOS) and Loss of Signal (LOS) at subsequent ground station or where computer programs must account for the change in conditions.

ITEM NO.: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

EVENT NUMBER:
Enter the corresponding event number as referenced on Format 1711.

TRAJECTORY PARAMETERS AT MANEUVER INITIATION:
Enter parameters planned at initiation of thrust period.

TRAJECTORY PARAMETERS AT MANEUVER CONCLUSION:
Enter parameters planned at conclusion of thrust period.

NOTE: Inertial Flight Path Angle entries are the angles between the initial velocity vector and the local horizontal plane, measured positive above the horizontal plane. The local horizontal plane is defined as a plane normal to the geocentric position vector.

Inertial Azimuth Heading Angle entries are the angles measured east of north to the projection of the initial velocity vector on the local horizontal plane.

MANEUVER THRUST PARAMETERS:
Enter the thrust parameters for the maneuver.

REMARKS:
Enter brief explanatory remarks as required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1712 - SPACE MANEUVER - APPLICATION OF THRUST

ITEM NO.:
TEST CODE:

EVENT NUMBER:

TRAJECTORY PARAMETERS AT MANEUVER INITIATION

REVOLUTION NUMBER:
ELAPSED TIME:
SIDEREAL TIME:
GEODETIC LATITUDE:
LONGITUDE:
HEIGHT ABOVE OBLATE EARTH:
RADIAL DISTANCE FROM GEO CENTER:
INERTIAL VELOCITY MAGNITUDE:
INERTIAL FLIGHT PATH ANGLE:
INERTIAL AZIMUTH HEADING ANGLE:

TRAJECTORY PARAMETERS AT MANEUVER CONCLUSION

REVOLUTION NUMBER:
ELAPSED TIME:
SIDEREAL TIME:
GEODETIC LATITUDE:
LONGITUDE:
HEIGHT ABOVE OBLATE EARTH:
RADIAL DISTANCE FROM GEO CENTER:
INERTIAL VELOCITY MAGNITUDE:
INERTIAL FLIGHT PATH ANGLE:
INERTIAL AZIMUTH HEADING ANGLE:

MANEUVER THRUST PARAMETERS

INITIAL MASS:
MASS EXPULSION RATE:
EFFECTIVE AREA:
THRUST LEVEL:
PITCH:
YAW:
MANEUVER DURATION:
FINAL MASS:

REMARKS:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1720 - TRAJECTORY PLAN VIEWS

NOTE: This format is used to provide a plan view of the trajectory of the test unit.

ITEM NO.: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

INFORMATION:
Enter a plan view of the trajectory indicating the trajectory azimuth in degrees from true north. Provide impact point of various stages of the vehicle or test unit, as appropriate, and a maximum probable dispersion pattern (Circular Error Probable, CEP) for each impact point in accordance with applicable directives of the launching agency. For orbital or space flights, show only the launch and terminal phases on one format page. Use separate format pages to show the plan view for the planned orbital and/or space trajectory.

NOTE: The most convenient scale may be used.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1720 - TRAJECTORY PLAN VIEWS

ITEM NO.:
TEST CODE:
INFORMATION:

CLASSIFICATION: * * * * * * UDS 1720 R
JAN90

FORMAT 1721 - TRAJECTORY PROFILE VIEWS

NOTE: This format is used to show the profile view of the planned trajectories for powered, ascent, and terminal phases on earth-curvature graphs.

ITEM NO.: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

INFORMATION:
Show the planned trajectory on scaled earth-curvature graphs/illustrations.

NOTE 1: The most convenient scale may be used.

NOTE 2: Indicate altitude, burn-out locations, separation, and impact points, as appropriate. Suitable abbreviations may be used to identify the various functions. Enter any such abbreviations on Format 1061.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1721 - TRAJECTORY PROFILE VIEWS

ITEM NO.:
TEST CODE:
INFORMATION:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1722 - LAUNCH TRAJECTORY

NOTE: This format is used to plot the vehicle trajectory during the launch phase (booster or to first stage burnout). In addition to the nominal trajectory, the maximum probable deviation as dispersion above and below the nominal will be plotted.

This format may also be used for describing complete trajectories for tests which cover a range of 1000 nautical miles or less. Format 1721 must be used for longer range trajectories.

ITEM NO.: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

LAUNCH AZIMUTH:
Enter the initial launch azimuth.

FLIGHT AZIMUTH:
Enter the planned flight azimuth.

PLOTS:
The following plots are required on test vehicle performance or trajectories.

ALTITUDE VERSUS RANGE:
VELOCITY VERSUS TIME:
ALTITUDE VERSUS TIME:

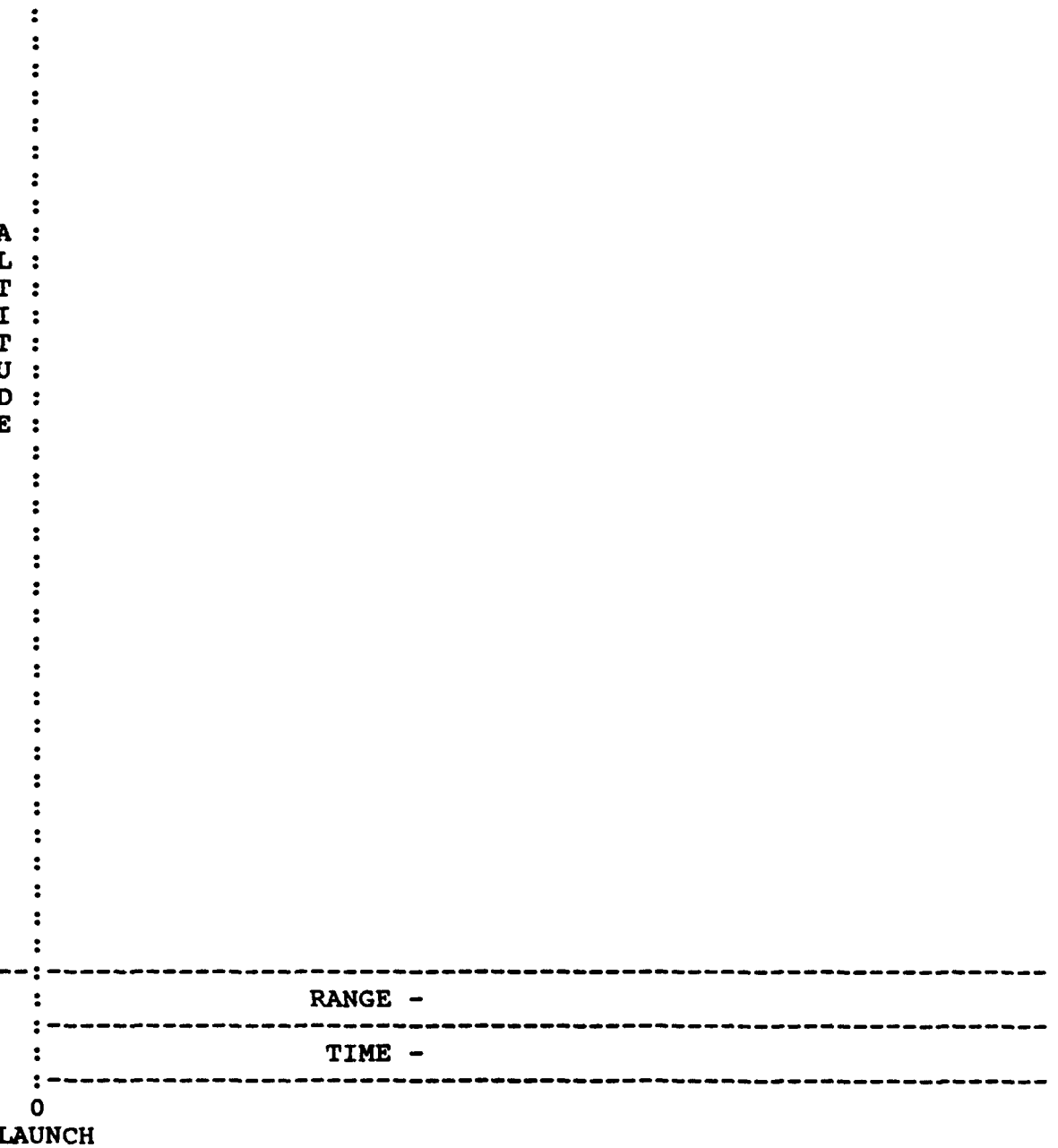
NOTE: The scales used must be identified on plots. The most convenient scale may be used.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1722 - LAUNCH TRAJECTORY

ITEM NO.:
TEST CODE:

LAUNCH AZIMUTH: FLIGHT AZIMUTH:
PLOTS



CLASSIFICATION: * * * * * * UDS 1722 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 1723 - ORBITAL AND SPACE TRAJECTORY

NOTE: This format is used to illustrate the planned orbital and space trajectories.

ITEM NO.: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

SPACE PATH DIAGRAM - PLANNED TRAJECTORY:
Use representation of the earth, based on a 3440 nautical mile (NM) or equivalent radius. Use the largest scale practicable, and indicate the earth scale used.

Enter orbiting vehicle trajectories to show the earth orbit phase by placing the plane of the orbit or trajectory in the plane of the paper, indicating the location of the geographic poles. Show apogee and perigee distances of orbit trajectories. Also on the format show a side view of the earth and the plane of the equator to indicate the plane of orbit, inclination of orbit to equatorial plane, and the geographic location of the poles.

Enter, as appropriate, space vehicle trajectories for earth-moon trajectories, to indicate the moon's position showing pertinent information such as lunar orbit injection point, impact point (if applicable), miss distance, lunar orbit, and landing site. Omit as much of the midcourse as is desirable to provide enough space for all trajectory data. Indicate the direction of the sun at the intended time of injection. For interplanetary trajectories, show the earth, sun, and target body positions at launch, and when the vehicle reaches its destination. Indicate trajectory aphelion and perihelion. Use additional formats as required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1723 - ORBITAL AND SPACE TRAJECTORY

ITEM NO.:
TEST CODE:

SPACE PATH DIAGRAM - PLANNED TRAJECTORY:

FORMAT 1724 - TERMINAL TRAJECTORY

NOTE: This format is used to plot the vehicle (or nose cone, reentry body, etc.) trajectory during the terminal or reentry phase. The reentry phase is generally considered to commence at approximately 300,000 feet. The altitude scale does not need to exceed 300,000 feet unless special sequences or events occur prior to this phase. Units of measure used must be identified.

ITEM NO.: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

FLIGHT AZIMUTH ON RE-ENTRY (Degrees true north):
Enter the flight azimuth of the re-entry body from true north.

IMPACT POINT:
Enter the latitude and longitude of the impact point and the time of impact in seconds after T-0.

TARGET NUMBER REFERENCE:
Enter the appropriate unclassified target number reference point.

PLOTS:
The following plots are required:

ALTITUDE VERSUS RANGE:
VELOCITY VERSUS TIME:
ALTITUDE VERSUS TIME:

NOTE: The scales must be identified on plots. The most convenient scale may be used.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1724 - TERMINAL TRAJECTORY

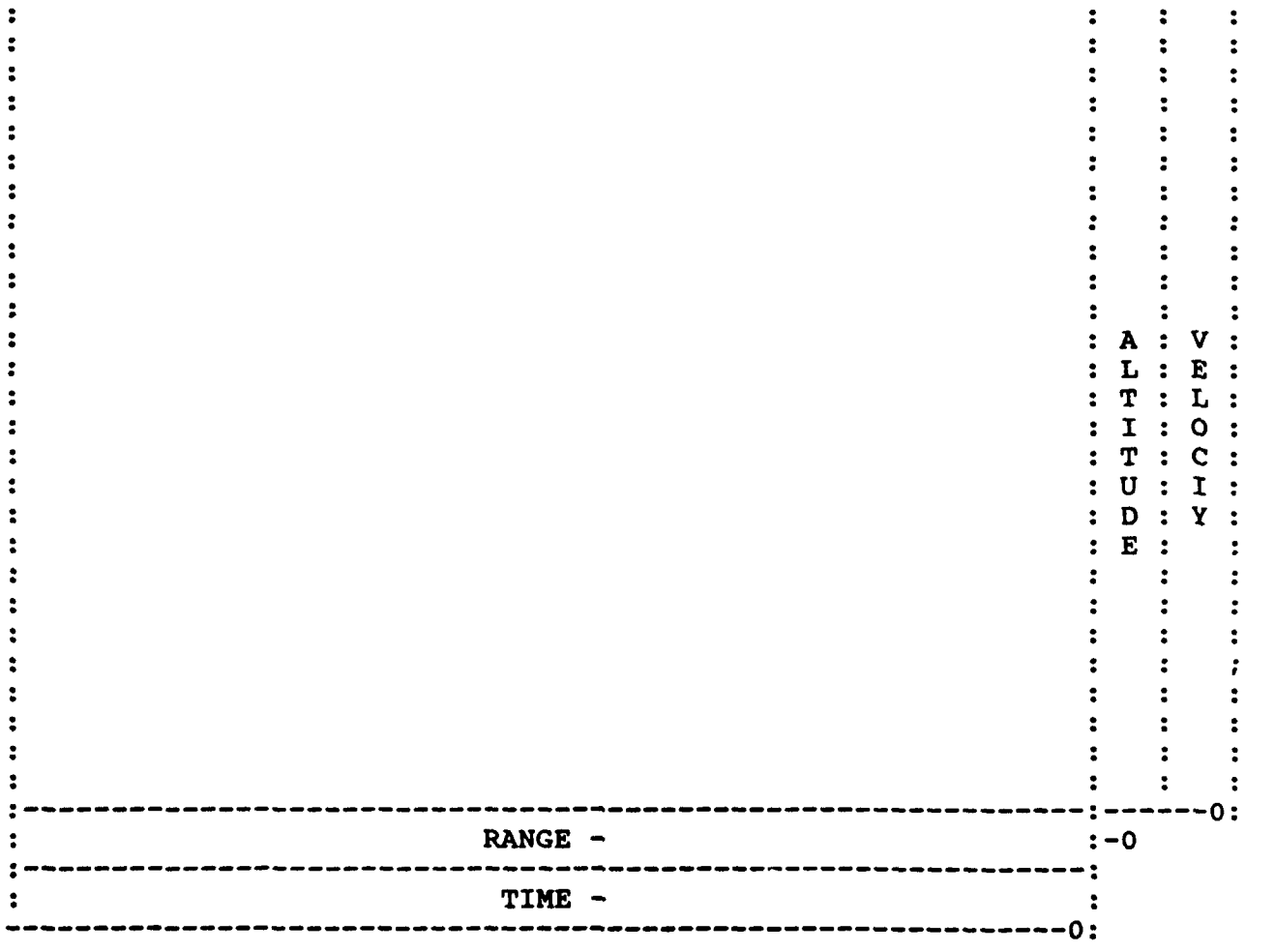
ITEM NO.:
TEST CODE:

FLIGHT AZIMUTH ON RE-ENTRY (DEGREES TRUE NORTH):

IMPACT POINT TARGET NUMBER REFERENCE:

LATITUDE:
LONGITUDE:
TIME:

PLOTS



CLASSIFICATION: * * * * * * UDS 1724 R
JAN90

FORMAT 1800 - OPERATIONAL HAZARDS

NOTE: This format is used by the Requesting Agency to specify hazards that will be present during the test program. This format is used for those items not applicable to Format 1810, Operational Hazards Reports.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

INFORMATION:
Define operational hazards not specified on Format 1810.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1800 - OPERATIONAL HAZARDS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
INFORMATION:

FORMAT 1810 - OPERATIONAL HAZARDS REPORTS

NOTE: This format is used by the Requesting Agency as supplemental information for the Occupational Medical Program. There are six reports which may be required below; five are mandatory as indicated by an asterisk, and the sixth is required only when the Requesting Agency has experienced a health problem. The intent of these reports is to obtain information about the hazards which will be present during the test program. The material covered in each report may be limited to that which is considered hazardous by competent medical authority. Include all applicable reports in accordance with existing public law and DOD directive (environmental, etc.).

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REPORTS:
For every report, list by report name, date report supplied, or date report will be supplied. Should a second report become necessary because of an appreciable change in the quantity of, or the addition of, a potentially hazardous material, an additional report bearing the identical title will be required. Reports should be provided more than 90 days prior to the first launch in the test program. Four copies of each report are required unless specified otherwise by the Support Agency.

*PROPELLANTS AND OTHER TOXIC OR HAZARDOUS MATERIALS: In this mandatory report, list the chemical and physical properties and approximate quantity of each substance normally used in conjuction with testing which may involve toxic, poisonous, flammable, explosive, or which otherwise presents a hazard to humans, animals, fish, vegetation, and soil. Include specific information of the effect on humans and the treatment, control, and preventive measures recommended. List the recommended procedures to control any spill or escape of a potentially toxic or dangerous substance. List manufacturer, trade name and chemical ingredients.

*RADIATION HAZARDS: In this mandatory report, list all sources of ionization or radio frequency radiation which may be a hazard to humans. Include the type, amount, normal radiation level, and recommended control procedures.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

1810 - OPERATIONAL HAZARDS REPORTS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

REPORTS:

FORMAT 1810 - OPERATIONAL HAZARDS REPORTS (CONT'D)

*ACOUSTIC HAZARDS: In this mandatory report, a noise spectrum report covering the range from 16 to 10,000 hertz is required for each equipment having a noise level in excess of 85 dB, such as vehicle engines, generator sets, air conditioners, etc.

*BLAST PARAMETERS FOR 0.4 AND 0.65 PSI: In this mandatory report, list the blast parameters of 0.4 and 0.65 psi, giving hazard radii and TNT equivalents that result from accidental or planned vehicle explosions.

*PROTECTIVE EQUIPMENT NEEDED: In this mandatory report, furnish all information available on special (uncommon) protective clothing, equipment, and monitoring devices which are to be used during this test program.

HUMAN FACTORS ANALYSIS: In this report, list any environmental and job related conditions that tend to adversely affect the health and efficiency of employees.

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2000 - TEST OPERATIONAL CONCEPTS/SUMMARIES

NOTE: This format is used to present a narrative summary of the stated requirements in UDS Sections 2100 through 3999 of the document. The detailed instrumentation requirements will be entered in the appropriate instrumentation section of the document.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

INFORMATION:
Enter a narrative summary of the support instrumentation systems requirements which are presented in UDS Sections 2100 through 3999.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2000 - TEST OPERATIONAL CONCEPTS/SUMMARIES

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
INFORMATION:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2010 - GROUND SUPPORT INSTRUMENTATION SUMMARY

NOTE: This format is used to provide a brief information management summary of instrumentation systems. The detailed instrumentation requirements will be found in the appropriate instrumentation sections.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

MATRIX: Show the relationship between the stations and equipment by entering an appropriate code in the proper matrix location and explain in the remarks. (Example: X - Receive and Record; C - High Speed Data, etc.).

STATION TYPE AND IDENTIFICATION: Enter the station name and identification in a vertical position in the space provided. Remarks may be required to clarify the entries.

TYPE EQUIPMENT: Enter the type of equipment, grouped according to function (tracking, telemetry, etc.). Enter under each function the type of equipment required to perform the function (C-band, radar, S-band Telemetry etc.).

REMARKS: Enter any remarks necessary to clarify entries made.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2010 - GROUND SUPPORT INSTRUMENTATION SUMMARY

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TYPE EQUIPMENT	STATION NAME AND IDENTIFICATION												

REMARKS:

CLASSIFICATION: * * * * * * UDS 2010 R
JAN90

FORMAT 2100 - METRIC DATA

NOTE: This format is used to list general information relating to metric tracking data requirements and should contain a narrative description of such data.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( ):
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. Include a brief narrative description of metric tracking instrumentation data requirements. Describe the general metric tracking information and requirements applicable to, but not covered by, the other formats of this section. Types of general metric tracking information and requirements to be shown are as follows:

1. Data Definitions

   A. Coordinate system and point of origin desired.

   B. Physical quantities required and attitude definition.

   C. Corrections to physical quantities and instructions.

   D. Units and linear measurements of range and flight test data.

   E. Basic systems parameters.

2. Instrumentation and Operating Support Instructions

   A. Recorder Requirements

   B. Recorder Instructions

   C. Calibration Standards and Methods

3. Include the accuracy and priority of metric data that is required.

   A. Data Accuracy: See UDS Handbook Volume 1, Chapter 3, for further explanation of accuracy class.

   B. Data Priority: See UDS Handbook Volume 1, Chapter 3, for further explanation of priority.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2100 - METRIC DATA

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

CLASSIFICATION: * * * * * * UDS 2100 R
JAN90

FORMAT 2110 - METRIC DATA - LAUNCH

NOTE: This format is used to specify the launch data requirements.

The launch phase is normally from lift-off until booster or first stage burnout.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

DATA REQUIRED:
Enter the name of the data requested in the following order: position (X, Y, Z), velocity, acceleration, and attitude. If attitude (roll, pitch, yaw) data are not similar, identify each requirement separately. Repeat, in the order above, the data requirements if different for each test series category or flight. Also, identify any unique data parameters desired other than the ones listed. Identify the coordinate systems in which the data are required.

MISSION INTERVAL (RANGE, ALTITUDE, TIME):
Enter the range, altitude, time interval, or function during which coverage is required. Separate the interval into the smallest increments necessary to properly cover the various accuracies required, i.e., 0 - 50 miles, 50 - 1500 miles, etc.

For orbital phase and beyond, indicate vehicle position by appropriate coordinates. Use REMARKS if additional space is required to define the intervals.

Where appropriate for further clarity, include the geographic location or desired site.

DATA POINTS/SECOND:
Enter the minimum number of data points which should be read, tabulated, etc., during data reduction, i.e., 1, 2, 4, 10, 1/10 sec, etc.

DATA PRIORITY:
Indicate whether the data requirement is Mandatory (M), Required (R), or Desired (D). (See UDS Handbook Volume 1, Chapter 3, for further explanation of priority.)

DATA ACCURACY:
Indicate the required data accuracy value, i.e., plus or minus 1 ft, plus or minus 2 percent. Indicate the class of the value (See UDS Handbook Volume 1, Chapter 3, for
further explanation of accuracy class).

REALTIME RELAY:
State whether information is needed in voice or digital form and to what point it is to be relayed.

REMARKS:
Enter any remarks necessary to clarify entries made.

NOTE: All metric data are normally recorded with timing. It is not necessary to state metric timing requirements or that data required are versus

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2110 - METRIC DATA - LAUNCH

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

DATA REQUIRED:

MISSION INTERVAL (RANGE, ALTITUDE, TIME):

DATA POINTS/SECOND:

DATA PRIORITY:

DATA ACCURACY

VALUES:

CLASS:

REAL TIME RELAY:

REMARKS:

FORMAT 2111 - METRIC DATA - MIDCOURSE

NOTE: This format is used to specify the midcourse data requirements.

The midcourse phase is normally from booster or first stage burnout to start of terminal or reentry phase for ballistic or probe launches. If the launch is an orbital launch, the midcourse phase normally begins at booster or first stage burnout and terminates at injection.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

DATA REQUIRED:
Enter the name of the data requested in the following order: position (X, Y, Z), velocity, acceleration, and attitude. If attitude (roll, pitch, yaw) data are not similar, identify each requirement separately. Repeat, in the order above, the data requirements if different for each test-series category or flight. Also, identify any unique data parameters desired other than the ones listed. Identify the coordinate systems in which the data are required.

MISSION INTERVAL (RANGE, ALTITUDE, TIME):
Enter the range, altitude, time interval, or function during which coverage is required. Separate the interval into the smallest increments necessary to properly cover the various accuracies required, i.e., 0 - 50 miles, 50 - 1500 miles, etc.

Indicate vehicle position by appropriate coordinates. Use REMARKS if additional space is required to define the intervals.

Where appropriate for further clarity, include the geographic location or desired site.

DATA POINTS/SECOND:
Enter the minimum number of data points which should be read, tabulated, etc., during data reduction, i.e., 1, 2, 4, 10, 1/10 sec, etc.

DATA PRIORITY:
Indicate whether the data requirement is Mandatory (M), Required (R), or Desired (D). (See UDS Handbook Volume 1, Chapter 3, for further explanation of priority.)

DATA ACCURACY:
Indicate the required data accuracy value, i.e., plus or minus 5 ft, or plus or minus 2 percent. Indicate the class of the value (See UDS Handbook Volume 1, Chapter 3, for further explanation of accuracy class).

REALTIME RELAY:
State whether information is needed in voice or dgital form and to what point it is to be relayed.

REMARKS: Enter any remarks necessary to clarify entries made.

NOTE: All metric data are normally recorded with timing. It is not necessary

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2111 - METRIC DATA - MIDCOURSE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

DATA REQUIRED:

MISSION INTERVAL (RANGE, ALTITUDE, TIME):

DATA POINTS/SECOND:

DATA PRIORITY:

DATA ACCURACY

VALUE:

CLASS:

REALTIME RELAY:

REMARKS:

CLASSIFICATION: * * * * * * UDS 2111 R
JAN90

FORMAT 2112 - METRIC DATA - ORBITAL AND SPACE

NOTE: This format is used to specify orbital and space metric data requirements. The orbital phase starts at injection (midcourse terminates at injection when the vehicle attains orbital velocity). Enter data requirements in the same sequence they occur, such as those for the first parking orbit, restart and powered flight, coast period in one orbit, and other phases in space.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

DATA REQUIRED:
Enter the name of the data requested in the following order: position (X, Y, Z), velocity, acceleration, and attitude. If attitude (roll, pitch, yaw) data are not similar, identify each requirement separately. Repeat, in the order above, the data requirements if different for each test-series category or flight. Also, identify any unique data parameters desired other than the ones listed. Identify the coordinate systems in which the data are required.

MISSION INTERVAL (RANGE, ALTITUDE, TIME):
Enter the range, altitude, time interval, or function during which coverage is required. Separate the interval into the smallest increments necessary to properly cover the various accuracies required, i.e., 0 - 50 miles, 50 - 1500 miles, etc.

Indicate vehicle position by appropriate coordinates. Use REMARKS if additional space is required to define the intervals.

Where appropriate for further clarity, include the geographic location or desired site.

DATA POINTS/SECOND:
Enter the minimum number of data points which should be read, tabulated, etc., during data reduction, i.e., 1, 2, 4, 10, 1/10 sec, etc.

DATA PRIORITY:
Indicate whether the data requirement is Mandatory (M), Required (R), or Desired (D). (See UDS Handbook Volume 1, Chapter 3, for further explanation of priority.)

DATA ACCURACY:
Indicate the required data accuracy value, i.e., plus or minus 5 ft, or plus or minus 2 percent. Indicate the class of the value (See UDS Handbook Volume 1, Chapter 3, for further explanation of accuracy class).

REALTIME RELAY:
State whether information is needed in voice or digital form and to what point it is to be relayed.

REMARKS: Enter any remarks necessary to clarify entries made.

NOTE: All metric data are normally recorded with timing. It is not necessary

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2112 - METRIC DATA - ORBITAL AND SPACE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

DATA REQUIRED:

MISSION INTERVAL (RANGE, ALTITUDE, TIME):

DATA POINTS/SECOND:

DATA PRIORITY:

DATA ACCURACY

VALUE:

CLASS:

REALTIME RELAY:

REMARKS:

CLASSIFICATION: * * * * * * UDS 2112 R
JAN90

FORMAT 2114 - METRIC DATA - TERMINAL

NOTE: This format is used to specify the terminal or reentry metric data requirements. The reentry phase begins at approximately 300,000 feet altitude unless specific functions occur prior to this altitude that will require range support. Terminal phase normally begins for an aircraft or ordnance when on the final trajectory to a designated target/recovery area.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

DATA REQUIRED:
Enter the name of the data requested in the following order: position (X, Y, Z), velocity, acceleration, and attitude. If attitude (roll, pitch, yaw) data are not similar, identify each requirement separately. Repeat, in the order above, the data requirements if different for each test-series category or flight. Also, identify any unique data parameters desired other than the ones listed. Identify the coordinate systems in which the data are required.

MISSION INTERVAL (RANGE, ALTITUDE, TIME):
Enter the range, altitude, time interval, or function during which coverage is required. Separate the interval into the smallest increments necessary to properly cover the various accuracies required, i.e., 0 - 50 miles, 50 - 1500 miles, etc.

Indicate vehicle position by appropriate coordinates. Use REMARKS if additional space is required to define the intervals.

Where appropriate for further clarity, include the geographic location or desired site.

DATA POINTS/SECOND:
Enter the minimum number of data points which should be read, tabulated, etc., during data reduction, i.e., 1, 2, 4, 10, 1/10 sec, etc.

DATA PRIORITY:
Indicate whether the data requirement is Mandatory (M), Required (R), or Desired (D). (See UDS Handbook Volume 1, Chapter 3, for further explanation of priority.)

DATA ACCURACY:
Indicate the required data accuracy value, i.e., plus or minus 5 ft, plus or minus 2 percent. Indicate the class of the value (See UDS Handbook Volume 1, Chapter 3, for further explanation of accuracy class).

REALTIME RELAY:
State whether information is needed in voice or digital form and to what point it is to be relayed.

REMARKS: Enter any remarks necessary to clarify entries made.

NOTE: All metric data are normally recorded with timing. It is not necessary to state metric timing requirements or that data required are versus time

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2114 - METRIC DATA - TERMINAL

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

DATA REQUIRED:

MISSION INTERVAL (RANGE, ALTITUDE, TIME):

DATA POINTS/SECOND:

DATA PRIORITY:

DATA ACCURACY

VALUE:

CLASS:

REALTIME RELAY:

REMARKS:

CLASSIFICATION: * * * * * * UDS 2114 R
JAN90

FORMAT 2115 - METRIC DATA - SIGNATURE

NOTE: This format is used to specify radar and optical signature data requirements.

ITEM NO.: Follow the preparation instructions for Format 1000.
REQUESTER: Follow the preparation instructions for Format 1000.
SUPPLIER: Follow the preparation instructions for Format 1000.
TEST CODE: Follow the preparation instructions for Format 1000.

DATA REQUIRED: Enter each type of radar and optical signature data required. Specify objects of interest for each type of data. Include frequencies and polarizations required for optical signature data on each object. Identify each item separately.

MISSION INTERVAL (RANGE, ALTITUDE, TIME): Enter the range, altitude, time interval, or function during which coverage is required, i.e., 0 - 50 miles, 50 - 1500 miles, etc.

Indicate vehicle position by appropriate coordinates. Use the Remarks if additional space is required to define the intervals.

Where appropriate for further clarity, include the geographic location or desired site.

DATA POINTS/SECOND: Enter the minimim number of data points which should be read, tabulated etc., during data reduction, i.e., 1, 2, 4, 10, 1/10 sec, etc.

DATA PRIORITY: Indicate whether the data requirement is Mandatory (M), Required (R), or Desired (D). (See UDS Handbook Volume 1, Chapter 3, for further explanation of priority.)

DATA ACCURACY: Indicate the required data accuracy value, i.e., plus or minus 5 ft, plus or minus 2 percent. Indicate the class of the value (See UDS Handbook Volume 1, Chapter 3, for further explanation of accuracy class).

REALTIME RELAY: State whether information is needed in voice or digital form and to what point it is to be relayed.

REMARKS: Enter any remarks necessary to clarify entries made.

NOTE 1: All metric data are normally recorded with timing. It is not necessary to state metric timing requirements or that data required are versus time unless a specific or unique timing signal or rate is required.

NOTE 2: Signature data are normally recorded at the PRF rate and with timing.

It is not necessary to specify data points/second or timing unless a specific or unique timing signal or data rate is required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2115 - METRIC DATA - SIGNATURE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

DATA REQUIRED:

MISSION INTERVAL (RANGE, ALTITUDE, TIME):

DATA POINTS/SECOND:

DATA PRIORITY:

DATA ACCURACY

VALUE:

CLASS:

REALTIME RELAY:

REMARKS:

CLASSIFICATION: * * * * * * UDS 2115 R
JAN90

FORMAT 2116 - METRIC DATA - OTHER

NOTE: This format is used to specify other metric data requirements not easily covered on Formats 2110, 2111, 2112, 2114 and 2115.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

DATA REQUIRED: Enter the name of the data requested in the following order: position (X, Y, Z), velocity, acceleration, and attitude. If attitude (roll, pitch, yaw) data are not similar, identify each requirement separately. Repeat, in the order above, the data requirements if different for each test-series category or flight. Also, identify any unique data parameters desired other than the ones listed. Identify the coordinate systems in which the data are required.

MISSION INTERVAL (RANGE, ALTITUDE, TIME): Enter the range, altitude, time interval, or function during which coverage is required. Separate the interval into the smallest increments necessary to properly cover the various accuracies required, i.e., 0 - 50 miles, 50 - 1500 miles, etc.

Indicate vehicle position by appropriate coordinates. Use REMARKS if additional space is required to define the intervals.

Where appropriate for further clarity, include the geographic location or desired site.

DATA POINTS/SECOND: Enter the minimum number of data points which should be read, tabulated, etc., during data reduction, i.e., 1, 2, 4, 10, 1/10 sec, etc.

DATA PRIORITY: Indicate whether the data requirement is Mandatory (M), Required (R), or Desired (D). (See UDS Handbook Volume 1, Chapter 3, for further explanation of priority.)

DATA ACCURACY: Indicate the required data accuracy value, i.e., plus or minus 5 ft, plus or minus 2 percent. Indicate the class of the value (See UDS Handbook Volume 1, Chapter 3, for further explanation of accuracy class).

REALTIME RELAY: State whether information is needed in voice or digital form and to what point it is to be relayed.

REMARKS: Enter any remarks necessary to clarify entries made.

NOTE: All metric data are normally recorded with timing. It is not necessary to state metric timing requirements or that data required are versus time unless a specific or unique timing signal or rate is required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2116 - METRIC DATA - OTHER

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

DATA REQUIRED:

MISSION INTERVAL (RANGE, ALTITUDE, TIME):

DATA POINTS/SECOND:

DATA PRIORITY:

DATA ACCURACY

VALUE:

CLASS:

REALTIME RELAY:

REMARKS:

CLASSIFICATION: * * * * * * UDS 2116 R
JAN90

FORMAT 2120 - METRIC DATA PARAMETER RECORDINGS

NOTE: This format is used by Requesting Agency when identifying requests for metric tracking recordings.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

METRIC TRACKING SYSTEM:
Enter the class of tracking systems to which the requirements apply (i.e., MIPIR, FPS-16, etc.).

SIGNAL STRENGTH:
Indicate if signal strength should be recorded by the related system.

DATA FORM:
Enter the data requirements that the system listed under METRIC TRACKING SYSTEM is to provide. This can be either basic system parameters or these same parameters after processing. Specify what corrections are to be applied to the data.

RECORDERS:
Identify the recorder type (i.e., magnetic tape, strip chart, oscillogram, etc.).

DATA SECURITY CLASSIFICATION:
Enter the security classification of the data to be recorded.

SPECIAL INSTRUCTIONS AND REMARKS:
Use this entry to indicate special instructions.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2120 - METRIC DATA PARAMETER RECORDINGS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

METRIC TRACKING SYSTEM:

SIGNAL STRENGTH:

DATA FORM:

RECORDERS:

DATA SECURITY CLASSIFICATION:

SPECIAL INSTRUCTIONS AND REMARKS:

CLASSIFICATION: * * * * * * UDS 2120 R
JAN90

FORMAT 2130 - METRIC DATA NETWORK COVERAGE

NOTE: This format is used to illustrate the metric tracking coverage which is desired during all phases.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Provide a diagram that depicts the vehicle tracking during flight, recommended tracking station location, and desired coverage from each station. Identify the phases of the tracking coverage required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2130 - METRIC DATA NETWORK COVERAGE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

CLASSIFICATION: * * * * * * UDS 2130 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2160 - METRIC DATA COVERAGE

NOTE: This format is used to identify the optical and electronic instrumentation systems being used. In addition, it will provide information to location, coverage time, usage, and the phases covered by the metric instrumentation system being used. In the matrix show the relationship between the stations and the system by entering an appropriate code in the proper location.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TEST UNIT/STAGE: Enter the test unit/stage involved.

SYSTEM: In the vertical column opposite SYSTEM, enter the associated metric tracking system class (i.e., MIPIR, FPS-16, etc).

SUB-ITEM: Enter an appropriate sequential number or identification as a subset suffix to the main item number.

STATION: Enter the station name and code of the system in the space provided.

COVERAGE INTERVAL: Enter the time interval for the support to be provided.

REMARKS: Use this entry to explain all codes or designators assigned to the entries on this format.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2160 - METRIC DATA COVERAGE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TEST UNIT/STAGE ---> :

SUB-ITEM	COVERAGE INTERVAL	STATION NAME	STATION CODE	--> SYSTEM								

REMARKS:

PAGE -

CLASSIFICATION: * * * * * * UDS 2160 R
JAN90

FORMAT 2170 - METRIC DATA - ENGINEERING SEQUENTIAL

NOTE: This format is used for listing engineering sequential optical requirements. Identify the engineering sequential data which will be used for documentary purposes. Using copies of engineering sequential film for documentary purposes will result in a substantial saving. Make reference to such items on Format 3110 - Photography Documentary, but do not repeat the text. All reduction print needs are considered to be documentary; therefore, 16mm reduction prints (timing removed) from 35 or 70mm engineering sequential films will be requested on Format 3110.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

FILM:
Enter the size and type of film or other media (i.e., shuttered video). desired.

MISSION INTERVAL (RANGE, ALTITUDE, TIME):
Enter the range, altitude, or time interval or function during which coverage is required, e.g., 0 to 800 feet, T-4 sec to T+10 sec, separation, etc.

ITEM TO BE VIEWED OR COVERED:
For each interval of the trajectory, describe the object or action to be photographed. Specify the smallest dimension that must be resolved, number of frames per second, magnitude and direction of motions, whether day or night operations, special considerations of and any other details which, may help the photo planning engineers and directors, for example, spectral and intensity characteristics of rockets flames, etc.

PURPOSE AND REMARKS:
State fully the purpose for which the item is needed and any recommendation for obtaining the coverage desired.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2170 - METRIC DATA - ENGINEERING SEQUENTIAL

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

FILM

SIZE (MM):
TYPE:

MISSION INTERVAL (RANGE, ALTITUDE, TIME):

ITEM TO BE VIEWED OR COVERED:

PURPOSE AND REMARKS:

CLASSIFICATION: * * * * * * UDS 2170 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2200 - TELEMETRY DATA

NOTE: This format is used to list general information and instructions relating to telemetry data requirements such as recommended recording practices, calibration standards and methods, etc.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( ):
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. Include a brief description of telemetry ground support instrumentation data requirements applicable to, but not covered by, the other formats of this section. Typical general telemetry instructions and requirements to be listed are as follows:

1. Special Recording Instructions and Techniques

2. Instrumentation and Operating Support Instructions

   A. Calibration Standards and Methods

   B. Operators' Log (Data Sheet) Requirements

3. Include the accuracy and priority of telemetry data required.

   A. Data Accuracy: Indicate the required reduced data accuracy value, i.e., percent or in parts per million, and the class of the value. (See UDS Handbook, Volume 1, Chapter 3, for further explanation of accuracy class.)

   B. Data Priority: Indicate whether the data requirements are mandatory (M), required (R), or desired (D). (See UDS Handbook, Volume 1, Chapter 3, for further explanation of priority.)

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2200 - TELEMETRY DATA

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

CLASSIFICATION: * * * * * * UDS 2200 R
JAN90

FORMAT 2210 - TELEMETRY RECORDING INTERVAL

NOTE: This format is used to describe the telemetry events to be recorded and the type and interval required. The information on this format will conform to Range Commanders Council (RCC) standards unless otherwise stated.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

MEASURED EVENT:
Enter the assigned measurement number and name.

LINK (MHZ) TYPE:
Enter the RF link frequency megahertz of each link to be used. This frequency is later used to identify the link, i.e., Link 2225.5. Enter below the frequency, the type of modulation, that is, FM/FM, PDM/FM, PAM/FM, PCM, etc.

TELEMETRY CHANNEL:
Identify the telemetry link channel number of assigned code number associated with the event to be recorded.

RECORDING INTERVAL:
Enter time (minutes), position (feet, nautical miles, etc.) or flight phase interval or period during which telemetry recordings or coverage will be required.

MEASURE RATE RPS/BPS:
Enter the measuring (commutation or repetition) rate. For commutated channels list the revolutions per second (RPS) such as 2.5, 5, 10, 20, 30, etc. Enter "CONT" for continuous (noncommutated) channels. For each PCM link, list the bit rate in bits per second (bps) such as 40k, 60k, 300k, 400k, 600k, 800k, etc., (k=1000).

REQUIRED IN REALTIME:
Identify the data required in realtime (performed during the actual flight or test of the test vehicle).

(Continued.)

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2210 - TELEMETRY RECORDING INTERVAL

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

MEASURED EVENT
NUMBER:
NAME:

LINK (MHZ) TYPE:

TELEMETRY CHANNEL:

RECORDING INTERVAL (TIME, POSITION OR FLIGHT PHASE):

MEASURE RATE (RPS/BPS):

REQUIRED IN REALTIME

RECORDINGS
TAPE:
PEN:
OSCILLOGRAPH:

CONSOLE PRESENTATION:

COMPUTATIONS:

DATA PRIORITY:

DATA ACCURACY

VALUE:

CLASS:

REMARKS:

CLASSIFICATION: * * * * * * UDS 2210 R
JAN90

FORMAT 2210 - TELEMETRY RECORDING INTERVAL (CONT'D)

RECORDING:
TAPE: Magnetic tapes
PEN: Pen recordings
OSCILLOGRAPH: Oscillograph recordings

CONSOLE PRESENTATION:
Enter realtime console presentations of specific test parameters, such as, velocity, temperature, sequential events, etc.

COMPUTATIONS:
Define the computations required.

DATA PRIORITY:
Indicate whether the data requirement is mandatory (M), required (R), or desired (D). (See UDS Handbook, Volume 1, Chapter 3, for further explanation of priority.)

DATA ACCURACY:
Indicate the required reduced data accuracy value, e.g., +/-, %, or parts per million. Indicate the class of the value. (See UDS Handbook, Volume 1, Chapter 3, for further explanation of accuracy class).

REMARKS:
Enter any remarks necessary to clarify entries made.

FORMAT 2220 - TELEMETRY ANALOG STRIP CHART RECORDING FORMAT

NOTE: This format is used by Requesting Agency to list analog telemetry recording requirements.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TRACE NUMBER:
Indicate the trace number sequentially from the left side of the recorder. Show unused traces if applicable.

MEASUREMENT:
Identify the assigned measurement name and number.

LINK:
Identify the telemetry link to be associated with each measurement to be recorded. Give frequency or other acceptable designation.

CHANNEL:
Identify the telemetry link channel associated with each measurement to be recorded.

SEGMENT:
Identify the telemetry link channel segment associated with each measurement to be recorded.

ACCURACY:
List the deflection and calibration requirements that may be needed.

RECORDER IDENTIFICATION AND SPEED:
Identify the recorder by station or facility and/or other unique identification; also indicate recording speed in inches per second (ips) or millimeters per second (mm/s).

REMARKS:
Enter any remarks necessary to clarify entries made.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2220 - TELEMETRY ANALOG STRIP CHART RECORDING FORMAT

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TRACE NUMBER:

MEASUREMENT

NUMBER:
NAME:

LINK:

CHANNEL:

SEGMENT:

ACCURACY

DEFLECTION:
CALIBRATION:

RECORDER IDENTIFICATION AND SPEED:

REMARKS:

CLASSIFICATION: * * * * * * UDS 2220 R
JAN90

FORMAT 2230 - TELEMETRY EVENT RECORDING FORMAT

NOTE: This format is used by Requesting Agency to list telemetry event recording requirements.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

STATION RECORDER NUMBER:
Identify the station event recorder to be used (i.e., 1, 2, 3, etc.).

SPEED:
Indicate the recording speed in inches per second or millimeters per second. Specify ips or mm/s.

TRACE NUMBER:
Indicate the trace number sequentially from the left side of recorder. Show unused traces if applicable.

MEASUREMENT IDENTIFICATION NUMBER:
Indicate the identification number of the event to be recorded.

EVENT:
List the name of event to be recorded.

LINK (MHZ):
Identify the telemetry link in megahertz associated with measurement to be recorded.

TELEMETRY CHANNEL:
Identify the telemetry link channel associated with each event to be recorded.

BIT NUMBER:
Indicate the bit number containing the event to be recorded.

SAMPLE RATE (SPS):
Indicate sample rate in samples per second.

REMARKS:
Enter any remarks necessary to clarify entries made.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2230 - TELEMETRY EVENT RECORDING FORMAT

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

STATION RECORDER NUMBER:

SPEED:

TRACE NUMBER:

MEASUREMENT IDENTIFICATION NUMBER:

EVENT:

LINK (MHZ):

TELEMETRY CHANNEL:

BIT NUMBER:

SAMPLE RATE (SPS):

REMARKS:

FORMAT 2240 - TELEMETRY DECOMMUTATION PROCESSING SPECIFICATIONS

NOTE: This format is used to outline telemetry decommutation requirements in the areas of Cathode Ray Tube (CRT) presentations, line printer displays, analog digitizing, and data compression.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

DATA DESCRIPTION:
Enter the type of data to be processed.

DATA SECURITY CLASSIFICATION:
Enter the security classification (U, C, S) of the data being processed.

PROCESSING TIME:
Enter the time (Zulu or flight time) to begin (FROM) and stop (TO) processing.

DATA SAMPLE RATE:
Enter the rate at which the data should be sampled and stored on analog magnetic tape.

DATA COMPRESSION TYPE:
Enter the type of data compression to be performed on the data, i.e., fixed limits, floating limits, pass, mask, etc., if applicable.

CRT UPDATE RATE:
Enter the rate at which the data/measurement value should be updated i.e., 5/sec, 15/sec.

LINE PRINTER RATE:
Enter the rate at which the data/measurement value should be updated, i.e., 5/sec, 15/sec.

DATA PLOT RATE:
Enter the rate at which the data should be taken from the sampled data and plotted or printed.

DATA FORMAT/GENERAL INSTRUCTIONS:
Enter all special data formats for general instructions which are needed to define further the specifications of the processed data.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2240 - TELEMETRY DECOMMUTATION PROCESSING SPECIFICATIONS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

DATA DESCRIPTION:

DATA SECURITY CLASSIFICATION:

PROCESSING TIME

FROM:
TO:

DATA SAMPLE RATE:

DATA COMPRESSION TYPE:

CRT UPDATE RATE:

LINE PRINTER RATE:

DATA PLOT RATE:

DATA FORMAT/GENERAL INSTRUCTIONS:

FORMAT 2260 - TELEMETRY COVERAGE

NOTE: This format is used to summarize the telemetry coverage required. In addition, it will provide information as to location, coverage time, link frequency, and the phases covered by the telemetry systems. In the matrix show the relationship between the stations and the telemetry link by entering an appropriate code in the proper location.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

LOCATION: Follow the preparation instructions for Format 1000.

TEST UNIT/STAGE: Enter the test unit/stage involved. When more than one is involved, provide vertical separation for the entries.

FREQUENCY: Enter the frequency in MHZ in the vertical column opposite Frequency.

LINK: Enter the number designator of the telemetry link in the vertical column opposite LINK.

SUB-ITEM: Enter an appropriate sequential number or identification as a subset suffix to the main item number.

COVERAGE INTERVAL: Enter the time interval for the support to be provided.

STATION: Enter the station name, or designator and code of the system in the space provided.

REMARKS: Use this entry to explain all codes or designators assigned to the entries on this format.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2260 - TELEMETRY COVERAGE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TEST UNIT/STAGE ----------> :

FREQUENCY

LINK

SUB-ITEM	COVERAGE INTERVAL	STATION NAME	STATION CODE									

REMARKS:

CLASSIFICATION: * * * * * * UDS 2260 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2300 - COMMAND CONTROL/DESTRUCT

NOTE: This format is used to define general command requirements.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( ):
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only.
Define general command requirements. Include the accuracy and priority of command data required as follows:

A. Data Accuracy: Indicate the required reduced data accuracy value, i.e., percent or in parts per million, and the class of the value. (See UDS Handbook, Volume 1, Chapter 3, for further explanation of accuracy class.)

B. Data Priority: Indicate whether the data requirements are mandatory (M), required (R), or desired (D). (See UDS Handbook, Volume 1, Chapter 3, for further explanation of priority.)

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2300 - COMMAND CONTROL/DESTRUCT

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

CLASSIFICATION: * * * * * * UDS 2300 R
JAN90

FORMAT 2310 - COMMAND CONTROL

NOTE: This format is used by the Requesting Agency to list functions to be accomplished using the command control system.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

COMMAND FUNCTION:
List the name of the function to be performed.

TIME:
Give the time that the function is to be performed. If the time listed in this entry is nominal, explain in PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS the method of arriving at the actual time.

FUNCTION CODE:
Give the code which must be transmitted to perform the function.

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:
Use this entry to explain the purpose of the requirement. Also use this space for any remarks or special instructions which would be informative to those who must plan the support.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2310 - COMMAND CONTROL

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

COMMAND FUNCTION:

TIME:

FUNCTION CODE:

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:

CLASSIFICATION: * * * * * * UDS 2310 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2320 - COMMAND DESTRUCT

NOTE: This format is used only by organizations which have destruct responsibility. Requirements which are to be levied against other agencies are to be entered on this format.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Enter each requirement which must be supported in order to evaluate situations relevant to the Command Destruct function and to carry out this responsibility.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2320 - COMMAND DESTRUCT

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

CLASSIFICATION: * * * * * * UDS 2320 R
JAN90

FORMAT 2330 - COMMAND UP-DATA LINK

NOTE: This format is used to describe the command up-data link requirements.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Enter each requirement which must be supported in order to evaluate situations relevant to the command up-data link function and to carry out this responsibility.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2330 - COMMAND UP-DATA LINK

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

CLASSIFICATION: * * * * * * UDS 2330 R
JAN90

FORMAT 2340 - COMMAND UP-DATA LINK RECORDINGS

NOTE: This format is used to describe the recording requirements for the command up-data link system.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Provide a description of the support requirements for the command up-data link recording system during the various mission phases.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2340 - COMMAND UP-DATA LINK RECORDINGS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2360 - COMMAND UP-DATA LINK STATIONS COVERAGE

NOTE: This format is used to present the coverage of the command systems being used. In addition, it will provide information as to location, coverage time, usage, and the phases covered by the command system. In the matrix show the relationship between the station/frequency and the test unit/stage/data type/modulation by entering the appropriate designators in the proper locations.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

STATION:
Enter the station name and code of the system in the space provided.

TEST UNIT/STAGE:
Enter the test unit/stage involved.

LINK:
Enter the number designator of the telemetry link in the vertical column opposite LINK.

FREQUENCY:
Enter the frequency in MHZ for the column in the vertical column opposite FREQUENCY.

SUB-ITEM:
Enter an appropriate sequential number or identification as a subset suffix to the main item number.

COVERAGE INTERVAL:
Enter the time interval for the support to be provided.

STATION:
Enter the station name and code of the system in the space provided.

MODULATION:
Enter the RF and keying modulation information, i.e., PM/FM, FM/FSK, etc.

DATA TYPE:
Enter the type of data, i.e., command or destruct.

REMARKS:
Enter any remarks necessary to clarify entries made.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2360 - COMMAND UPDATA LINK STATIONS COVERAGE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TEST UNIT/STAGE ----------> :

SUB-ITEM	COVERAGE INTERVAL	STATION NAME	STATION CODE	LINK FREQUENCIES	MODULATION	DATA TYPE

REMARKS:

CLASSIFICATION: * * * * * * UDS 2360 R JAN90

FORMAT 2400 - AIR/GROUND VOICE COMMUNICATIONS

NOTE: This format is used to specify the general air/ground voice communication requirements.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( ):
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. Summarize requirements which must be supported in order to provide effective air/ground voice communications. Enter requirements not contained on Formats 2410 or 2460.

2400 - AIR/GROUND VOICE COMMUNICATIONS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2410 - AIR/GROUND VOICE COMMUNICATIONS RECORDINGS

NOTE: This format is used to levy requirements for recording radio, television, telephone, and other types of RF or communications.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE:
Enter the applicable test code for each sub-item.

SUB-ITEM:
Enter an appropriate sequential number or identification as a subset suffix to the main item number.

STATION OR LOCATION:
Indicate the station or location that will record the communication data.

RECORDING REQUIREMENTS:
List the data that is to be recorded, the method of recording and any special recording format.

AUDIO/VIDEO RECORDING:
Enter the time the recording is to be initiated (START), i.e., T-0, Acquisition of Signal (AOS), etc., the time the recording is to be terminated (STOP), i.e., T-350 sec, Loss of Signal (LOS), etc., enter the type of recording, audio (A), video (V), or both (AV), enter the recording speed (SPED) in inches per second or millimeters per second. Indicate units, and state the REEL SIZE limitations of the playback equipment, i.e., 3 in., 5 in., 7 in., 10-1/2 in., etc.

TIME CORL (TIME CORRELATION):
Enter "Yes" or "No" to indicate whether or not time correlation is required on the recording.

REMARKS:
List any special instructions and/or remarks to clarify the recording requirements. If more space is required use a reference sub-item number and explain.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2410 - AIR/GROUND VOICE COMMUNICATIONS RECORDINGS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

SUB-ITEM	TEST CODE	STATION OR LOCATION	RECORDING REQUIREMENTS	< AUDIO/VIDEO RECORDING > START	STOP	AUD/VIS	TAPE SPED	REEL SIZE	TIME CORL

REMARKS:

CLASSIFICATION: * * * * * * UDS 2410 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2460 - AIR/GROUND VOICE COMMUNICATIONS COVERAGE

NOTE: This format is used to identify the voice communication equipment/systems for air/ground communications that will be used. In addition, it will provide information as to location, coverage time, and the phases covered by the system.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

SYSTEM:
List the recommended system which supplied the coverage described below.

TIME (GET) OR TIME PERIOD:
Enter the Ground Elapsed Time (GET) or time period for which coverage is provided.

RECOMMENDED SITE OR LOCATION:
Enter recommended geographic or site locations for the provided coverage.

REMARKS:
Enter any remarks necessary to clarify entries made.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2460 - AIR/GROUND VOICE COMMUNICATIONS COVERAGE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

SYSTEM:

TIME (GET) OR TIME PERIOD:

RECOMMENDED SITE OR LOCATION:

REMARKS:

FORMAT 2500 - COMPOSITE SYSTEMS

NOTE: This format is used to describe the general operational requirements of the composite systems.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( ):
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. Provide a description of the composite systems requirements necessary to support the mission during the various mission phases. Define only those composite systems requirements not contained elsewhere in the document. Include the accuracy and priority of the data required as follows:

A. Data Accuracy: Indicate the required reduced data accuracy value, i.e., percent or in parts per million, and the class of the value. (See UDS Handbook, Volume 1, Chapter 3, for further explanation of accuracy class.)

B. Data Priority: Indicate whether the data requirements are mandatory (M), required (R), or desired (D). (See UDS Handbook, Volume 1, Chapter 3, for further explanation of priority.)

2500 - COMPOSITE SYSTEMS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

FORMAT 2510 - COMPOSITE SYSTEMS - DETAIL

NOTE: This format is used to describe the composite systems support requirements.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Define ground support instrumentation required to support the composite systems.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2510 - COMPOSITE SYSTEMS - DETAIL

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

CLASSIFICATION: * * * * * * UDS 2510 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2520 - COMPOSITE SYSTEMS - PARAMETER RECORDINGS

NOTE: This format is used to define the composite systems parameter recording requirements.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Fcllow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

STATION:
List the station site (i.e., VTRS, TEL-4, HTS, etc.).

LINK NUMBER/FREQUENCY:
Enter in the link number and the frequency being measured.

IDENTIFICATION:
Identify the parameter measurement to be recorded.

REMARKS:
Use REMARKS to clarify any entries or designations made in the requirement. Identify any special qualifications required for the recording (time pulses, synchronization pulses, signal strength, frequency response, etc. required for each parameter). State which sites will deviate from the procedure as stated. Identify any particular parameter formatting required for special purpose analysis.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2520 - COMPOSITE SYSTEMS - PARAMETER RECORDINGS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

STATION:

LINK NUMBER/FREQUENCY:

IDENTIFICATION:

REMARKS:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2530 - COMPOSITE SYSTEMS - EVENT RECORDING FORMAT

NOTE: This format is used by the Requesting Agency to list the composite systems event recording requirements.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Describe in a general manner the requirements for the composite systems event recordings. List the events by name and the applicable stations. Identify any additional information for further identification and/or instruction by note.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2530 - COMPOSITE SYSTEMS - EVENT RECORDING FORMAT

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

CLASSIFICATION: * * * * * * UDS 2530 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2540 - COMPOSITE SYSTEMS - ANALOG STRIP CHART RECORDING FORMAT

NOTE: This format is used by the Requesting Agency to define the composite systems analog strip chart recording requirements. Information presented will be assumed to conform to the RCC (Range Commanders Council) standard unless otherwise stated The Support Agency will record in the most convenient format unless a particular format is required for special analysis.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
List the assigned measurement name and/or number, and the applicable station(s). Identify any qualification applicable to the measurement by note, i.e., calibration, frequency, recorder speed, etc.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2540 - COMPOSITE SYSTEMS - ANALOG STRIP CHART RECORDING FORMAT

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

CLASSIFICATION: * * * * * * UDS 2540 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2560 - COMPOSITE SYSTEMS COVERAGE

NOTE: This format is used to summarize the coverage of the composite systems.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TIME (GET) OR TIME PERIOD:
Enter the Ground Elapsed Time (GET) or time period during which the coverage is provided.

GEOGRAPHICAL LOCATION OR RECOMMENDED SITE:
Enter the recommended geographic or site locations for the provided coverage.

COVERAGE:
Indicate the frequency and number of systems that will be provided to communicate with the composite system of the vehicle.

REMARKS:
Enter any remarks necessary to clarify entries made.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2560 - COMPOSITE SYSTEMS COVERAGE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TIME (GET) OR TIME PERIOD:

GEOGRAPHICAL LOCATION OR RECOMMENDED SITE:

COVERAGE

FREQUENCY:
NUMBER:

REMARKS:

CLASSIFICATION: * * * * * * UDS 2560 R
JAN90

FORMAT 2600 - OTHER SYSTEMS

NOTE: This format is used to define systems required other than those specified in UDS Sections 2100 through 2599.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( ):
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only.
Define the requirements for systems not specified elsewhere in the document.
Include support instrumentation required, data required, and coverage.
Detailed requirements are specified on Formats 2601, 2605, 2606, 2610, and 2660.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2600 - OTHER SYSTEMS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

FORMAT 2601 - OTHER SYSTEMS - DIRECTED ENERGY

NOTE: This format is used to list and identify laser or other directed energy systems requirements.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Enter a narrative description of the directed energy system requirement. Systems information to be provided should include:

Type Emitter (CW, PULSE)
Pulse Width (SEC)
Power (Peak Pulse) (Watts)
Pulse Rate (SEC)
Half Angle Divergence (Radians)
Point of Contact (MESSAGE, LETTER)

NOTE: Enter the specific location and/or area where the equipment is to be installed or used.

REMARKS:
Enter any remarks necessary to clarify entries made.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2601 - OTHER SYSTEMS - DIRECTED ENERGY

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

REMARKS:

CLASSIFICATION: * * * * * * UDS 2601 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2605 - OTHER SYSTEMS - SUPPORT INSTRUMENTATION

NOTE: This format is used to list special requirements for support instrumentation equipment which cannot be covered elsewhere in in the document.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

RA( ) SA( ):
State whether equipment is to be supplied by the Requesting Agency or by the Support Agency.

NAME/TYPE:
Enter the name and/or type of equipment required.

MANUFACTURER:
List the manufacturer and model number if the requirement demands a specific system or piece of equipment.

LOCATION:
Enter the specific location and/or area where the equipment is to be installed or used.

PURPOSE/REMARKS:
State the purpose for which the equipment is required. Enter remarks which will clarify the requirement.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2605 - OTHER SYSTEMS - SUPPORT INSTRUMENTATION

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

RA( ) SA( )

NAME/TYPE:

MANUFACTURER:

LOCATION:

PURPOSE/REMARKS:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2606 - OTHER SYSTEMS - ENVIRONMENTAL

NOTE: This format is used to state any environmental data requirements.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Enter any environmental data requirements. State the various conditions of interval (range, altitude, time, etc.) data points, accuracy, etc., that are required. Include a statement of purpose of the data and any remarks or clarifying instructions. Include the accuracy and priority of the data required:

A. Data Accuracy: Indicate the required reduced data accuracy value, i.e., percent or in parts per million, and the class of the value. (See UDS Handbook, Volume 1, Chapter 3, for further explanation of accuracy class.)

B. Data Priority: Indicate whether the data requirements are mandatory (M), required (R), or desired (D). (See UDS Handbook, Volume 1, Chapter 3, for further explanation of priority.)

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2606 - OTHER SYSTEMS - ENVIRONMENTAL

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

CLASSIFICATION: * * * * * * UDS 2606 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2610 - OTHER SYSTEMS - DATA

NOTE: This format is used to state any data requirements which do not conveniently fit or have not been covered or specified in UDS Sections 2600 through 2609.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Enter any data requirements which have not been covered in UDS Sections 2600 through 2609. State the various conditions of interval (range, altitude, time, etc.) data points, accuracy, etc., that are required. Include a statement of purpose of the data and any remarks or clarifying instructions.

Include the accuracy and priority of the data required:

A. Data Accuracy: Indicate the required reduced data accuracy value, i.e., percent or in parts per million, and the class of the value. (See UDS Handbook, Volume 1, Chapter 3, for further explanation of accuracy class.)

B. Data Priority: Indicate whether the data requirements are mandatory (M), required (R), or desired (D). (See UDS Handbook, Volume 1, Chapter 3, for further explanation of priority.)

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2610 - OTHER SYSTEMS - DATA

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

CLASSIFICATION: * * * * * * UDS 2610 R
JAN90

FORMAT 2660 - OTHER SYSTEMS COVERAGE

NOTE: This format is used to identify coverage for other test unit systems not covered elsewhere in the document.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TIME (GET) OR TIME PERIOD:
Enter the Ground Elapsed Time (GET) or time period during which the coverage is to be provided.

GEOGRAPHICAL LOCATION OR RECOMMENDED SITE:
Enter the recommended geographic or site locations for the coverage to be provided.

COVERAGE:
Indicate the frequency and number or systems that will be provided to communicate with the composite system of the vehicle.

REMARKS:
Enter any remarks necessary to clarify entries made.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2660 - OTHER SYSTEMS COVERAGE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TIME (GET) OR TIME PERIOD:

GEOGRAPHICAL LOCATION OR RECOMMENDED SITE:

COVERAGE

FREQUENCY:
NUMBER:

REMARKS:

CLASSIFICATION: * * * * * *

FORMAT 2700 - GROUND COMMUNICATIONS

NOTE: This format is used to describe in a general way the interstation communication requirements.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( )
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. Describe, generally, each interstation ground communications link giving the purpose for which it is to be used, i.e., type of communication (voice, teletype, facsimile, data, etc.). Include any comments which have an effec on overall network provisioning.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2700 - GROUND COMMUNICATIONS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

CLASSIFICATION: * * * * * * UDS 2700 R
JAN90

FORMAT 2710 - GROUND COMMUNICATIONS DETAIL

NOTE: This format is used to state requirements for all ground communications except longline, telephone and recording requirements. Either this format or Formats 2760 through 2769 may be used depending upon the type of presentation desired. (TV circuits are requested on this format. Other details are shown on Format 2800.) Separate formats will be used for the following types of requested communications:

Teletype	Public Address
Voice	Voice Radio
Television/Data	(Other)
Facsimile	

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

USE: ADMINISTRATIVE( ) OPERATIONAL( ):
Indicate the type, Administrative or Operations, for which service is requested.

TYPE OF SERVICE:
Enter the type of communications requested and the service desired such as voice-transmission, voice-CW, television/data transmission, public address, paging, etc. Include the technical characteristics of the signal to be transmitted.

QUANTITY:
Enter the number of circuits required.

LOCATION OF OPERATING TERMINALS:

SUB-ITEM:
Enter an appropriate sequential number (i.e., .1, .2, etc.) as a subset suffix to the main item number.

CIRCUIT NAME/TYPE:
Identify the circuit name and type.

LOCATION:
Indicate the originating location of the circuit followed below by the terminating location(s).

BLDG/ROOM:
Indicate the building and room number of the originating ciruit followed by the building and room numbers (if known) at the terminating location(s).

CIRCUIT NO.:
Identify the circuit numbers at the orignating and termination locations.

NOTE NO.:
Use this entry to numerically code (i. e., 1, 2, etc.) references to note(s) placed on the format to clarify entries made.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2710 - GROUND COMMUNICATIONS DETAIL

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

USE: ADMINISTRATIVE( ) OPERATIONAL( )

TYPE OF SERVICE:
QUANTITY:

LOCATION OF OPERATING TERMINALS

SUB-ITEM	CIRCUIT NAME/TYPE	LOCATION	BLDG/ROOM	CIRCUIT NO.	NOTE NO.

CLASSIFICATION: * * * * * * UDS 2710 R JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2720 - GROUND COMMUNICATIONS NETWORK DRAWINGS

NOTE: This format is used to describe graphically the network radio and wire communications plan.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
The Requesting Agency will depict the communications layout for each ground communication facility requiring support. Indicate the type of communication, i.e., CW, voice, data facsimile, etc. List the station name horizontally near the distant terminal or remote station. Prepare a new drawing for each ground communications facility requiring support.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2720 - GROUND COMMUNICATIONS NETWORK DRAWINGS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

CLASSIFICATION: * * * * * * UDS 2720 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2730 - GROUND COMMUNICATIONS NETWORK TRANSMISSION - VOICE

NOTES: (1) This format is used to outline longline communications requirements for voice transmission requirements which have been specified elsewhere. Longlines are considered as those circuits geographically separated so that they require leasing negotiations with the telephone company or appropriate communications carrier.

(2) This format, when completed, is a MATRIX which shows the relationship between stations and circuit descriptions for communications circuit requirements.

(3) Any abbreviations, designators, or special notes peculiar to this matrix may be entered on a separate page using a UDS GEN R format. The subsequent pages will then reflect the instructions which are below.

ITEM No.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

CIRCUIT DESCRIPTION:
Enter in each column in successive order (left to right) the circuit use and/or circuit type as the column heading to accommodate the required circuits. Enter in the matrix an X where a circuit is required. A blank will indicate that a circuit is not required. The last column in each page reflects the total number of circuits shown on that horizontal line. Use the following headings as appropriate in circuit description entries:

Circuit Type or special classification: Simplex, duplex, half-duplex, etc. Other - Specify in entry or in REMARKS.

Circuit Use: e.g. Voice coordination, voice/data, air-to-ground, tracking coordination, telemetry coordination, command coordination, operational administration, meteorological, biomedical, recovery, etc.
Other - Specify in entry or in REMARKS.

SUB-ITEM: This number may be single digit or decimal coded and is a suffix to the item number.

STATION: Enter the sites or centers where the information originates (from). Enter the sites or centers where the information is going (to). If the information flow is in both directions (duplex) either site may be entered. Use standard site letter designators.

TOTAL CIRCUITS: Enter the total number of circuits needed to satisfy all the requirements within the line items.

REMARKS: Enter any remarks in this entry that will further clarify any responses that appear on this format.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2730 - GROUND COMMUNICATION NETWORK TRANSMISSION - VOICE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

SUB-ITEM	STATION FROM	STATION TO	CIRCUIT DESCRIPTION ------>										TOTAL CKTS

REMARKS:

CLASSIFICATION: * * * * * * UDS 2730 R
JAN90

FORMAT 2731 - GROUND COMMUNICATIONS NETWORK TRANSMISSION - SECURE VOICE

NOTES: (1) This format is used to outline longline communications requirements for secure voice transmission requirements which have been specified elsewhere. Longlines are considered as those circuits geographically separated so that they require leasing negotiations with the telephone company or appropriate communications carrier.

(2) This format, when completed, is a MATRIX which shows the relationship between stations and circuit descriptions for communications circuit requirements.

(3) Any abbreviations, designators, or special notes peculiar to this matrix may be entered on a separate page using a UDS GEN R format. The subsequent pages will then reflect the instructions which are below.

ITEM No.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

CIRCUIT DESCRIPTION:
Enter in each column in successive order (left to right) the circuit use and/or circuit type as the column heading to accommodate the required circuits. Enter in the matrix an X where a circuit is required. A blank will indicate that a circuit is not required. The last column in each page reflects the total number of circuits shown on that horizontal line. Use the following headings as appropriate in circuit description entries:

Circuit Type or special classification: Simplex, duplex, half-duplex, etc. Other - Specify in entry or in REMARKS.

Circuit Use: e.g. Voice Coordination, voice/data, air-to-ground, tracking coordination, telemetry coordination, command coordination, operational administration, meteorological, biomedical, recovery, etc. Other - Specify in entry or in REMARKS.

SUB-ITEM: This number may be single digit or decimal coded and is a suffix to the item number.

STATION: Enter the sites or centers where the information originates (from). Enter the sites or centers where the information is going (to). If the information flow is in both directions (duplex) either site may be entered. Use standard site letter designators.

TOTAL CIRCUITS: Enter the total number of circuits needed to satisfy all the requirements within the line items.

REMARKS: Enter any remarks in this entry that will further clarify any requirements that appear on this format.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2731 - GROUND COMMUNICATION NETWORK TRANSMISSION - SECURE VOICE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

SUB-ITEM	STATION FROM	STATION TO	CIRCUIT DESCRIPTION ------>	TOTAL CKTS

REMARKS:

CLASSIFICATION: * * * * * * UDS 2731 R JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2733 - GROUND COMMUNICATIONS NETWORK TRANSMISSION - TELETYPE

NOTE: (1) This format is used to outline longline communications for teletype transmission requirements which have been specified elsewhere. Longlines are considered as those circuits geographically separated so that they require leasing negotiations with the telephone company or appropriate communications carrier.

(2) This format, when completed, is a MATRIX which shows the relationship between stations and circuit descriptions for communications circuit requirements.

(3) Any abbreviations, designators, or special notes peculiar to this matrix may be entered on a separate page using a UDS GEN R format. The subsequent pages will then reflect the instructions which are below.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

CIRCUIT DESCRIPTION:
Enter in each column in successive order (left to right) the circuit use and/or circuit type as the column heading to accommodate the required circuits. Enter in the matrix an X where a circuit is required. A blank will indicate that a circuit is not required. The last column in each page reflects the total number of circuits shown on that horizontal line. Use the following headings as appropriate in circuit description entries:
Circuit Type or special classification: Simplex, duplex, half-duplex, etc. Other - Specify in entry or in REMARKS.
Circuit Use: e.g. Tracking, telemetry, command, operational administration, meteorological, biomedical, recovery, etc. Other - Specify in entry or in REMARKS.

SUB-ITEM:
This number may be single digit or decimal coded and is a suffix to the item number.

STATION:
Enter the sites or centers where the information originates (from). Enter the sites or centers where the information is going (to). If the information flow is in both directions (duplex) either site may be entered. Use standard site letter designators.

TOTAL CIRCUITS:
Enter the total number of circuits needed to satisfy all the requirements within the line items.

REMARKS:
Enter any remarks in this entry that will further clarify any requirements that appear on this format.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2733 - GROUND COMMUNICATIONS NETWORK TRANSMISSION - TELETYPE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

CIRCUIT ------> DESCRIPTION

SUB-ITEM	STATION FROM	TO												TOTAL CKTS

REMARKS:

PAGE -

CLASSIFICATION: * * * * * *

UDS 2733 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2735 - GROUND COMMUNICATIONS NETWORK TRANSMISSION - SECURE DATA

NOTE: (1) This format is used to outline longline communications for secure data transmission requirements which have been specified elsewhere. Longlines are considered as those circuits geographically separated so that they require leasing negotiations with the telephone company or appropriate communications carrier.

(2) This format, when completed, is a MATRIX which shows the relationship between stations and circuit descriptions for communications circuit requirements.

(3) Any abbreviations, designators, or special notes peculiar to this matrix may be entered on a separate page using a UDS GEN R format. The subsequent pages will then reflect the instructions which are below.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

CIRCUIT DESCRIPTION:
Enter in each column in successive order (left to right) the circuit use and/or circuit type, or data description as the column heading to accommodate the required circuits. Enter in the matrix an X where a circuit is required. A blank will indicate that a circuit is not required. The last column in each page reflects the total number of circuits shown on that horizontal line. Use the following headings as appropriate in circuit description entries:
Circuit Type or special classification: Simplex, duplex, half-duplex, etc. Other - Specify in entry or in REMARKS.
Circuit Use: e.g. Air-to-ground, tracking, telemetry, command, operational administration, etc. Other - Specify in entry or in REMARKS.

DATA DESCRIPTION:
(List only those not obvious) Analog, Digital, Data Rates, etc. Other - Specify in entry or in REMARKS.

SUP ITEM:
This number may be single digit or decimal coded and is a suffix to the item number.

STATION:
Enter the sites or centers where the information originates (from). Enter the sites or centers where the information is going (to). If the information flow is in both directions (duplex), either site may be entered. Use standard site letter designators.

TOTAL CIRCUITS:
Enter the total number of circuits needed to satisfy all the requirements within the line items.

REMARKS:
Enter any remarks in this entry that will further clarify any requirements that appear on this format.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2735 - GROUND COMMUNICATIONS NETWORK TRANSMISSION - SECURE DATA

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

SUB-ITEM	CIRCUIT DESCRIPTION ------> STATION FROM	TO	TOTAL CKTS

REMARKS:

CLASSIFICATION: * * * * * *

UDS 2735 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2736 - GROUND COMMUNICATIONS NETWORK TRANSMISSION - TELEVISION/DATA

NOTE: (1) This format is used to outline longline communications for television/data transmission requirements which have been specified elsewhere. Longlines are considered as those circuits geographically separated so that they require leasing negotiations with the telephone company or appropriate communications carrier.

(2) This format, when completed, is a MATRIX which shows the relationship between stations and circuit descriptions for communications circuit requirements.

(3) Any abbreviations, designators, or special notes peculiar to this matrix may be entered on a separate page using a UDS GEN R format. The subsequent pages will then reflect the instructions which are below.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

CIRCUIT DESCRIPTION:
Enter in each column in successive order (left to right) the circuit use and/or circuit type, or data description as the column heading to accommodate the required circuits. Enter in the matrix an X where a circuit is required. A blank will indicate that a circuit is not required. The last column in each page reflects the total number of circuits shown on that horizontal line. Use the following headings as appropriate in circuit description entries:

Circuit Type or special classification: Simplex, duplex, half-duplex, etc. Other - Specify in entry or in REMARKS.

Circuit Use: e.g. Broadcast, data, air-to-ground, tracking, operational administration, meteorological, biomedical, recovery, etc. Other - specify in entry or in REMARKS.

DATA DESCRIPTION:
(List only those not obvious) Analog, Digital, Data Rates, etc. Other - Specify in entry or in REMARKS.

SUB-ITEM:
This number may be single digit or decimal coded and is a suffix to the item number.

STATION:
Enter the sites or centers where the information originates (from). Enter the sites or centers where the information is going (to). If the information flow is in both directions (duplex), either site may be entered. Use standard site letter designators.

TOTAL CIRCUITS:
Enter the total number of circuits needed to satisfy all the requirements within the line items.

REMARKS:
Enter any remarks in this entry that will further clarify any requirements that appear on this format.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2736: - GROUND COMMUNICATIONS NETWORK TRANSMISSION-TELEVISION/DATA

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

SUB-ITEM	STATION FROM	STATION TO	CIRCUIT DESCRIPTION ------>										TOTAL CKTS

REMARKS:

CLASSIFICATION: * * * * * * UDS 2736 R JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2737 - GROUND COMMUNICATIONS NETWORK TRANSMISSION - FACSIMILE

NOTES: (1) This format is used to outline longline communications for facsimile transmission requirements which have been specified elsewhere. Longlines are considered as those circuits geographically separated so that they require leasing negotiations with the telephone company or appropriate communications carrier.

(2) This format, when completed, is a MATRIX which shows the relationship between stations and circuit descriptions for communications circuit requirements.

(3) Any abbreviations, designators, or special notes peculiar to this matrix may be entered on a separate page using a UDS GEN R format. The subsequent pages will then reflect the instructions which are below.

ITEM No.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

CIRCUIT DESCRIPTION:
Enter in each column in successive order (left to right) the circuit use and/or circuit type as the column heading to accommodate the required circuits. Enter in the matrix an X where a circuit is required. A blank will indicate that a circuit is not required. The last column in each page reflects the total number of circuits shown on that horizontal line. Use the following headings as appropriate in circuit description entries:

Circuit Type or special classification: Simplex, duplex, half-duplex, etc. Other - Specify in entry or in REMARKS.

Circuit Use: e.g. Broadcast, data, air-to-ground, tracking, command, operational administration, meteorological, biomedical, recovery, etc. Other - Specify in entry or in REMARKS.

SUB-ITEM: This number may be single digit or decimal coded and is a suffix to the item number.

STATION: Enter the sites or centers where the information originates (from). Enter the sites or centers where the information is going (to). If the information flow is in both directions (duplex) either site may be entered. Use standard site letter designators.

TOTAL CIRCUITS: Enter the total number of circuits needed to satisfy all the requirements within the line items.

REMARKS: Enter any remarks in this entry that will further clarify any requirements that appear on this format.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2737 - GROUND COMMUNICATIONS NETWORK TRANSMISSION - FACSIMILE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

SUB-ITEM	STATION FROM	STATION TO	CIRCUIT DESCRIPTION ------>	TOTAL CKTS

REMARKS:

CLASSIFICATION: * * * * * * UDS 2737 R JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2740 - GROUND COMMUNICATIONS - INTERCOMMUNICATIONS SYSTEMS

NOTE: This format is used to state requirements for distribution within the operational intercommunication systems, that is, the connections required between the local area and the various sites normally satisfied by operational intercommunications system (OIS), transistorized operations phone system (TOPS), etc., type systems.

ITEM No.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

NET TITLE OR NUMBER: Enter the net title, number, or function of the system. Place the title, number, or function in a vertical position in the space provided. Notes may be required to clarify the entries. If so, enter a reference letter under the relevant net and explain in the REMARKS. Do not use the letters M or X as reference letters. BOX A - Notes may be required to clarify the net title or number entries. If so, enter a reference letter in Box B under the relevant net and explain in REMARKS.

SUB-ITEM: This number may be a single digit or decimal coded and is a suffix to the item number.

TYPE INST (TYPE INSTRUMENTATION): Indicate the end instrument type desired. Use the following symbols:

S - Standard W - Weather SP - Special Purpose E - Explosion Proof

STATION OR LOCATION: Identify the location or station where the end instrument will be installed. BOX B - Notes may be required to clarify the station or location entries. If so, enter the reference letters in the column entries below Box B, and explain in REMARKS. Do not use the letters M or X as reference letters. MATRIX - Show the relationship between this station and the net title or number by placing an "X" in the appropriate boxes. If only a monitor capability of a net function is required, place an "M" in the appropriate boxes. Notes may be required to clarify the relation between the nets and the station or location entries. If so, enter a reference letter in the appropriate place in lieu of the "X" or "M". Explain the letter used in REMARKS.

REMARKS: Use this space to explain all letter designations assigned to the entries on this format.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2740 - GROUND COMMUNICATIONS-INTERCOMMUNICATIONS SYSTEMS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

NET TITLE OR NUMBER ------->

SUB-ITEM	TYPE INST	STATION OR LOCATION	A	B

REMARKS:

CLASSIFICATION: * * * * * * UDS 2740 R JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2760 - GROUND COMMUNICATIONS TERMINATIONS - VOICE

NOTE: This format is used to state requirements for voice communications except longline telephone and recording requirements. Either this format or format 2710 may be used depending on the type of presentation desired.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

CIRCUIT TITLE: Enter the circuit title. All circuits must be identified by their proper, official title to facilitate implementation and access control. If desired, the common name or abbreviation may be entered in parentheses after the proper title. Circuit numbers, call signs, or bit rates, if they are to be used, are to be entered.

RESPONSIBLE AGENCY: Enter the Responsible Agency involved in the circuit termination below the circuit title, i.e., WSMC, ESMC, DDMS, GSFC, KSC, JSC, MSFC, etc.

SUB-ITEM: This number may be single digit or decimal coded and is a suffix to the item number.

TEST CODE: Enter the applicable test code for each sub-item.

NOTE: Notes may be required to clarify the entries. If so, enter a reference number and explain in a convenient unused space.

CAP (CAPABILITY): Enter one of the following communications circuit capability symbols opposite each item:

T (Talk & monitor w/ headset only)	M/S (Monitor w/speaker)
T/S (Talk & monitor w/headset & speaker)	M (Monitor w/headset only)

TERMINATION LOCATIONS - Sequentially following in the format show the terminations in each location grouped together under the proper responsible agency. List the terminations within the agency's sphere of responsibility. Each termination should have a sub-item number, test code and an entry to show the capability entered under the respective heading. In order to complete the circuit depiction between agencies, an entry should be made under termination location at each applicable location by the Requesting Agency. Entries for information purposes are used when a termination of the circuit falls within the Requesting Agency's sphere of responsibility in order to complete the circuit information.

CONTINUE THIS FORMAT ON CONTINUING PAGES IF REQUIRED.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2760 - GROUND COMMUNICATIONS TERMINATIONS - VOICE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
CIRCUIT TITLE:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS

NOTES:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS

NOTES:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS

NOTES:

CLASSIFICATION: * * * * * * UDS 2760 R
JAN90

PRD/QR PREPARATION INSTRUCTIONS

FORMAT 2761 - GROUND COMMUNICATIONS TERMINATIONS - SECURE VOICE

NOTE: This format is used to state requirements for secure voice communications except longline telephone and recording requirements. Either this format or format 2710 may be used depending on the type of presentation desired.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

CIRCUIT TITLE: Enter the circuit title. All circuits must be identified by their proper, official title to facilitate implementation and access control. If desired, the common name or abbreviation may be entered in parentheses after the proper title. Circuit numbers, call signs, or bit rates, if they are to be used, are to be entered.

RESPONSIBLE AGENCY: Enter the Responsible Agency involved in the circuit termination below the circuit title, i.e., WSMC, ESMC, DDMS, GSFC, KSC, JSC, MSFC, etc.

SUB-ITEM: This number may be single digit or decimal coded and is a suffix to the item number.

TEST CODE: Enter the applicable test code for each sub-item.

NOTE: Notes may be required to clarify the entries. If so, enter a reference number and explain in a convenient unused space.

CAP (CAPABILITY): Enter one of the following communications circuit capability symbols opposite each item:

T (Talk & monitor w/ headset only)	M/S (Monitor w/speaker)
T/S (Talk & monitor w/headset & speaker)	M (Monitor w/headset only)

TERMINATION LOCATIONS - Sequentially following in the format show the terminations in each location grouped together under the proper responsible agency. List the terminations within the agency's sphere of responsibility. Each termination should have a sub-item number, test code and an entry to show the capability entered under the respective heading. In order to complete the circuit depiction between agencies, an entry should be made under termination location at each applicable location by the Requesting Agency. Entries for information purposes may be used when a termination of the circuit falls within the Requesting Agency's sphere of responsibility in order to complete the circuit information.

CONTINUE THIS FORMAT ON CONTINUING PAGES IF REQUIRED.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2761 - GROUND COMMUNICATIONS TERMINATIONS - SECURE VOICE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
CIRCUIT TITLE:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS

NOTES:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS

NOTES:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS

NOTES:

CLASSIFICATION: * * * * * * UDS 2761 R
JAN90

PRD/QR PREPARATION INSTRUCTIONS

FORMAT 2762 - GROUND COMMUNICATIONS TERMINATIONS - POINT-TO-POINT

NOTE: This format is used to state requirements for point-to-point communications except longline telephone and recording requirements. Either this format or format 2710 may be used depending on the type of presentation desired.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

CIRCUIT TITLE: Enter the circuit title. All circuits must be identified by their proper, official title to facilitate implementation and access control. If desired, the common name or abbreviation may be entered in parentheses after the proper title. Circuit numbers, call signs, or bit rates, if they are to be used, are to be entered.

RESPONSIBLE AGENCY: Enter the Responsible Agency involved in the circuit termination below the circuit title, i.e., WSMC, ESMC, DDMS, GSFC, KSC, JSC, MSFC, etc.

SUB-ITEM: This number may be single digit or decimal coded and is a suffix to the item number.

TEST CODE: Enter the applicable test code for each sub-item.

NOTE: Notes may be required to clarify the entries. If so, enter a reference number and explain in a convenient unused space.

CAP (CAPABILITY): Enter one of the following communications circuit capability symbols opposite each item:

T (Talk & monitor w/ headset only)	M/S (Monitor w/speaker)
T/S (Talk & monitor w/headset & speaker)	M (Monitor w/headset only)

TERMINATION LOCATIONS - Sequentially following in the format show the terminations in each location grouped together under the proper responsible agency. List the terminations within the agency's sphere of responsibility. Each termination should have a sub-item number, test code and an entry to show the capability entered under the respective heading. In order to complete the circuit depiction between agencies, an entry should be made under termination location at each applicable location by the Requesting Agency. Entries for information purposes may be used when a termination of the circuit falls within the Requesting Agency's sphere of responsibility in order to complete the circuit information.

CONTINUE THIS FORMAT ON CONTINUING PAGES IF REQUIRED.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2762 - GROUND COMMUNICATIONS TERMINATIONS - POINT-TO-POINT

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
CIRCUIT TITLE:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS

NOTES:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS

NOTES:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS

NOTES:

CLASSIFICATION: * * * * * * UDS 2762 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2763 - GROUND COMMUNICATIONS TERMINATIONS - TELETYPE

NOTE: This format is used to state requirements/support responses for teletype communication except longline telephone and recording requirements. Either this format or format 2710 may be used depending on the type of presentation desired.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

CIRCUIT TITLE: Enter the circuit title. All circuits must be identified by their proper, official title to facilitate implementation and access control. If desired, the common name or abbreviation may be entered in parentheses after the proper title. Circuit numbers, call signs, or bit rates, if they are to be used, are to be entered.

RESPONSIBLE AGENCY: Enter the Responsible Agency involved in the circuit termination below the circuit title, i.e., WSMC, ESMC, DDMS, GSFC, KSC, JSC, MSFC, SD, etc.

SUB-ITEM: This number may be single digit or decimal coded and is a suffix to the item number.

TEST CODE: Enter the applicable test code for each sub-item.

NOTE: Notes may be required to clarify the entries. If so, enter a reference number and explain in a convenient unused space.

CAP (CAPABILITY): Enter one of the following communications circuit capability symbols opposite eace item:

T/O (Transmit Only),	H (Half Duplex)
R/O (Receive Only)	F (Full Duplex)
R/T (Receive & Transmit)	

TERMINATION LOCATIONS - Sequentially following in the format show the terminations in each location grouped together under the proper responsible agency. List the terminations within the agency's sphere of responsibility. Each termination should have a sub-item number, test code and an entry to show the capability entered under the respective heading. In order to complete the circuit depiction between agencies, an entry should be made under termination location at each applicable location by the Requesting Agency. Entries for information purposes may be used when a termination of the circuit falls within the Requesting Agency's sphere of responsibility in order to complete the circuit information.

CONTINUE THIS FORMAT ON CONTINUING PAGES IF REQUIRED.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2763 - GROUND COMMUNICATIONS TERMINATIONS - TELETYPE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
CIRCUIT TITLE:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS

NOTES:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS

NOTES:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS

NOTES:

CLASSIFICATION: * * * * * * UDS 2763 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2765 - GROUND COMMUNICATIONS TERMINATIONS - SECURE DATA

NOTE: This format is used to state requirements for secure data communications except longline telephone and recording requirements. Either this format or format 2710 may be used depending on the type of presentation desired.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

CIRCUIT TITLE: Enter the circuit title. All circuits must be identified by their proper, official title to facilitate implementation and access control. If desired, the common name or abbreviation may be entered in parentheses after the proper title. Circuit numbers, call signs, or bit rates, if they are to be used, are to be entered.

RESPONSIBLE AGENCY: Enter the Responsible Agency involved in the circuit termination below the circuit title, i.e., WSMC, ESMC, DDMS, GSFC, KSC, JSC, MSFC, SD, etc.

SUB-ITEM: This number may be single digit or decimal coded and is a suffix to the item number.

TEST CODE: Enter the applicable test code for each sub-item.

NOTE: Notes may be required to clarify the entries. If so, enter a reference number and explain in a convenient unused space.

CAP (CAPABILITY): Enter one of the following communications circuit capability symbols opposite each item:

T/O (Transmit Only),	H (Half Duplex)
R/O (Receive Only)	F (Full Duplex)
R/T (Receive & Transmit)	

TERMINATION LOCATIONS - Sequentially following in the format show the terminations in each location grouped together under the proper responsible agency. List the terminations within the agency's sphere of responsibility. Each termination should have a sub-item number, test code and an entry to show the capability entered under the respective heading. In order to complete the circuit depiction between agencies, an entry should be made under termination location at each applicable location by the Requesting Agency. Entries for information purposes may be used when a termination of the circuit falls within the Requesting Agency's sphere of responsibility in order to complete the circuit information.

CONTINUE THIS FORMAT ON CONTINUING PAGES IF REQUIRED.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2765 - GROUND COMMUNICATIONS TERMINATIONS - SECURE DATA

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
CIRCUIT TITLE:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS

NOTES:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS

NOTES:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS

NOTES:

CLASSIFICATION: * * * * * * UDS 2765 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2766 - GROUND COMMUNICATIONS TERMINATIONS - TELEVISION/DATA

NOTE: This format is used to state requirements for television/data communications except longline telephone and recording requirements. Either this format or format 2710 may be used depending on the type of presentation desired. Indicate the TV circuits and terminations required. Format 2800 will be used to request the TV cameras or monitors required and to stipulate the subject or coverage to be viewed.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

LOCATION: Follow the preparation instructions for Format 1000.

CIRCUIT TITLE: Enter the circuit title. All circuits must be identified by their proper, official title to facilitate implementation and access control. If desired, the common name or abbreviation may be entered in parentheses after the proper title. Circuit numbers, call signs, or bit rates, if they are to be used, are to be entered.

RESPONSIBLE AGENCY: Enter the Responsible Agency involved in the circuit termination below the circuit title, i.e., WSMC, ESMC, DDMS, GSFC, KSC, JSC, MSFC, SD, etc.

SUB-ITEM: This number may be single digit or decimal coded and is a suffix to the item number.

TEST CODE: Enter the applicable test code for each test item.

NOTE: Notes may be required to clarify the entries. If so, enter a reference number and explain in a convenient unused space.

CAP (CAPABILITY): Enter one of the following communications circuit capability symbols opposite each item:

T/O (Transmit Only),	H (Half Duplex)
R/O (Receive Only)	F (Full Duplex)
R/T (Receive & Transmit)	

TERMINATION LOCATIONS - Sequentially following in the format show the terminations in each location grouped together under the proper responsible agency. List the terminations within the agency's sphere of responsibility. Each termination should have a sub-item number, test code and an entry to show the capability entered under the respective heading. In order to complete the circuit depiction between agencies, an entry should be made under termination location at each applicable location by the Requesting Agency. Entries for information purposes may be used when a termination of the circuit falls within the Requesting Agency's sphere of responsibility in order to complete the circuit information.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2766 - GROUND COMMUNICATIONS TERMINATIONS - TELEVISION/DATA

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
CIRCUIT TITLE:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS

NOTES:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS

NOTES:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS

NOTES:

CLASSIFICATION: * * * * * * UDS 2766 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2768 - GROUND COMMUNICATIONS TERMINATIONS - VOICE RADIO

NOTE: This format is used to state requirements for voice radio communications except longline telephone and recording requirements. Either this format or format 2710 may be used depending on the type of presentation desired.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

CIRCUIT TITLE: Enter the circuit title. All circuits must be identified by their proper, official title to facilitate implementation and access control. If desired, the common name or abbreviations may be entered in parentheses after the proper title. Circuit numbers, call signs, or bit rates, if they are to be used, are to be entered.

RESPONSIBLE AGENCY: Enter the Responsible Agency involved in the circuit termination below the circuit title, i.e., WSMC, ESMC, DDMS, GSFC, KSC, JSC, MSFC, SD, etc.

SUB-ITEM: This number may be single digit or decimal coded and is a suffix to the item number.

TEST CODE: Enter the applicable test code for each sub-item.

NOTE: Notes may be required to clarify the entries. If so, enter a reference number and explain in a convenient unused space.

CAP (CAPABILITY): Enter one of the following communications circuit capability symbols opposite each item:

T/O (Transmit Only), R/O (Receive Only) R/T (Receive & Transmit)	H (Half Duplex) F (Full Duplex) or	: TTY, Fax, TV, HSD, : WBD, or Narrow-Band : Data
T (Talk & monitor w/ headset only)	M/S (Monitor w/speaker)	: Voice, RF OIS Voice or, Point-to-point
T/S (Talk & monitor w/headset & speaker)	M (Monitor w/headset only)	: Phone :

TERMINATION LOCATIONS - Sequentially following in the format show the terminations in each location grouped together under the proper responsible agency. List the terminations within the agency's sphere of responsibility. Each termination should have a sub-item number, test code and an entry to show the capability entered under the respective heading. In order to complete the circuit depiction between agencies, an entry should be made under termination location at each applicable location by the Requesting Agency. Entries for information purposes may be used when a termination of the circuit falls within the Requesting Agency's sphere of responsibility in order to complete the circuit information.

CONTINUE THIS FORMAT ON CONTINUING PAGES IF REQUIRED.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2768 - GROUND COMMUNICATIONS TERMINATIONS - VOICE RADIO

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
CIRCUIT TITLE:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS

NOTES:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS

NOTES:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS

NOTES:

CLASSIFICATION: * * * * * * UDS 2768 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2769 - GROUND COMMUNICATIONS TERMINATIONS - MISCELLANEOUS

NOTE: This format is used to state requirements for miscellaneous communications except longline telephone and recording requirements. Either this format or format 2710 may be used depending on the type of presentation desired.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

CIRCUIT TITLE: Enter the circuit title. All circuits must be identified by their proper, official title to facilitate implementation and access control. If desired, the common name or abbreviation may be entered in parentheses after the proper title. Circuit numbers, call signs, or bit rates, if they are to be used, are to be entered.

RESPONSIBLE AGENCY: Enter the Responsible Agency involved in the circuit termination below the circuit title, i.e., WSMC, ESMC, DDMS, GSFC, KSC, JSC, MSFC, SD, etc.

SUB-ITEM: This number may be single digit or decimal coded and is a suffix to the item number.

TEST CODE: Enter the applicable test code for each sub-item.

NOTE: Notes may be required to clarify the entries. If so, enter a reference number and explain in a convenient unused space.

CAP (CAPABILITY): Enter one of the following communications circuit capability symbols opposite each item:

T/O (Transmit Only), R/O (Receive Only) R/T (Receive & Transmit)	R/T (Receive & Transmit): H (Half Duplex) F (Full Duplex) or	: TTY, Fax, TV, HSD, : WBD, or Narrow-Band : Data :<----------
T (Talk & monitor w/ headset only) T/S (Talk & monitor w/headset & speaker)	M/S (Monitor w/speaker) M (Monitor w/headset only)	: Voice, RF OIS Voice : or, Point-to-point : Phone :

TERMINATION LOCATIONS - Sequentially following in the format show the termination in each location grouped together under the proper responsible agency. List the terminations within the agency's sphere of responsibility. Each termination should have a sub-item number, test code and an entry to show the capability entered under the respective heading. In order to complete the circuit depiction between agencies, an entry should be made under termination location at each applicable location by the Requesting Agency. Entries for information purposes may be used when a termination of the circuit falls within the Requesting Agency's sphere of responsibility in order to complete the circuit information.

CONTINUE THIS FORMAT ON CONTINUING PAGES IF REQUIRED.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2769 - GROUND COMMUNICATIONS TERMINATIONS - MISCELLANEOUS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
CIRCUIT TITLE:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS

NOTES:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS

NOTES:

RESPONSIBLE AGENCY:

SUB-ITEM	TEST CODE	NOTE	CAP	TERMINATION LOCATIONS

NOTES:

CLASSIFICATION: * * * * * * UDS 2769 R JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2770 - GROUND COMMUNICATIONS RECORDINGS

NOTE: This format is used to levy requirements for recording radio, television, telephone, intercom (TOPS, OIS) and other communications.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

SUB-ITEM: Enter an appropriate sequential number or identification as a subset suffix to the main item number.

TEST CODE: Enter the applicable test code for each sub-item.

STATION OR LOCATION:
Indicate the station or location that will record the communication data.

RECORDING REQUIREMENTS:
List the data that is to be recorded, the method of recording and any special recording format.

AUDIO/VIDEO RECORDING:
Enter the time the recording is to be initiated (START), i.e., T-0, Acquisition of Signal (AOS), etc., the time the recording is to be terminated (STOP), i.e., T-350 sec, Loss of Signal (LOS), etc., enter the type of recording, audio (A), video (V), or both (AV), enter the recording speed (SPED) in inches per second or millimeters per second. Indicate units, and state the REEL SIZE limitations of the playback equipment, i.e., 3 in., 5 in., 7 in., 10-1/2 in., etc.

TIME CORL (TIME CORRELATION):
Enter "Yes" or "No" to indicate whether or not time correlation is required on the recording.

REMARKS:
List any special instructions and/or remarks to clarify the recording requirements. If more space is required use a reference sub-item number and explain.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2770 - GROUND COMMUNCIATIONS RECORDINGS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

SUB-ITEM	TEST CODE	STATION OR LOCATION	RECORDING REQUIREMENTS	< AUDIO/VIDEO RECORDING > START	STOP	AUD/VID	TAPE SPED	REEL SIZE	TIME CORL

REMARKS:

CLASSIFICATION: * * * * * * UDS 2770 R JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2780 - GROUND COMMUNICATIONS - TELEPHONE

NOTE: This format is used by the Requesting Agency to list the requirements for telephone service.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TYPE: ADMINISTRATIVE( ) OPERATIONS( )
Indicate the type, Administrative or Operations, for which the telephone service is being requested.

CLASS OF SERVICE:
Indicate the class of service based on contract, by entering an A, B, or C.

NOTE: Three classes of telephone service are available to the Requesting Agency:

Class A - Service is government furnished at no charge and allows dialing access to surrounding communities.

Class B - Service is government furnished, but chargeable to the User at the local standard telephone company rate.

Class C - Service is government furnished at no charge to the User, but does not provide dialing access to local communities.

LINES:
Enter the number of lines required for each class of service.

EXTENSIONS:
Enter the number of extensions per line required for each class of service.

LOCATION:
Enter in the appropriate entry the location of the telephone service being requested by indicating the name or number of the station or center, the name/number of the building and the number of the room.

REMARKS:
Enter any remarks necessary to clarify entries made.

NOTE: Information on this format may be used by the Support Agency for planning purposes and to serve as justification for plant expansion. Actual installation of instruments may require that additional format be completed by the Requesting Agency. See regulations of the Support Agency which will receive the document.

DOC TYPE/NO.: REVISION: DATE:

2780 - GROUND COMMUNICATIONS - TELEPHONE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TYPE: ADMINISTRATIVE( ) OPERATIONS( )
CLASS OF SERVICE: A( ) B( ) C( )
LINES:
EXTENSIONS:

LOCATION

STATION:
BUILDING:
ROOM:
OTHER:

REMARKS:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2800 - OTHER COMMUNICATIONS

NOTE: This format is used to define general communication requirements not covered in other categories.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTOR: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( ):
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. Define general requirements not specified on other communication formats.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2800 - OTHER COMMUNICATIONS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

CLASSIFICATION: * * * * * * UDS 2800 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2805 - OTHER COMMUNICATIONS - TELEVISION

NOTE: This format is used by the Requesting Agency to specify operations, documentary and public relations television requirements. This equipment will be furnished, installed and maintained in accordance with existing agreements between the Support Agency and the Requesting Agency. All systems will be in accordance with the standards of the Electronics Industry Association (EIA) and the National Television Standards Committee.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TYPE EQUIPMENT:
Specify whether cameras and/or monitors are required to cover the items listed in SUBJECT TO BE VIEWED and whether the equipment is to be fixed mobile, or portable.

SUBJECT TO BE VIEWED:
Describe the object or action to be viewed, including size of area to be covered, direction of motion, if any, day or night coverage, other considerations, and further pertinent details that will help the planning engineers.

LOCATION:
Give the location or area of usage.

PERIOD:
Specify the period during which the item is to be viewed.

REMARKS:
State the purpose for which the requirement is needed. The more information that is furnished, the better the planning of proper equipment to meet the Requesting Agency's needs. (Requesting Agency's recommendations for obtaining the coverage desired and any other pertinent information may be included in this entry; however, they will not be considered part of the requirements). Indicate whether transmission protection is required by adding Secure Circuit, Unsecure Circuit, or Encrypt for Transmission Only (EFTO).

Video recording instructions will be provided on Format 2770 - Ground Communications Recordings with reference to the appropriate requirement numbers. Video recordings disposition will be listed on Format 4200 - Data Disposition. Identify the recorded signal by using the number of the requirement which describes the subject to be viewed.

2805 - OTHER COMMUNICATIONS - TELEVISION

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TYPE EQUIPMENT:

SUBJECT TO BE VIEWED:

LOCATION:

PERIOD:

REMARKS:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2810 - OTHER COMMUNICATIONS - TIMING

NOTE: This format is used by the Requesting Agency to list its requirements for timing.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TIMING SIGNAL:
List the RCC standard format letter designator for the timing signal repetition rates required. (Refer to RCC Document 200, RCC Standard Time Formats.) Signals not listed should be noted as such in REMARKS. List the correlation accuracy or tolerance limits in milliseconds or microseconds. Special requirements as to tolerable jitter may be listed in REMARKS. The synchronization of all timing signals with the master generator should be requested from the Support Agency receiving the document.

LOCATION OF END INSTRUMENT:
Enter the name or symbol of the station, center, base, etc., and if known, the building number, the room number, and the rack number (title or name).

Indicate the maximum ambient temperature in degrees Fahrenheit of the location where the equipment will be operating.

Indicate the rack (R) or floor (F) space available in (R) vertical rack inches or (F) square feet, i.e., R 10.5, F 2000 square feet, etc. This enables the timing system engineer to package the necessary equipment correctly.

REQUESTING AGENCY RECORDING INSTRUMENT OR TRANSDUCER:
Enter the number of like instruments that will be used, the type and model of instrument requiring timing signal input, the recording speed in inches per second, and the nominal input voltage required in volts (Specify D.C., if applicable).

Give input impedance that the timing terminal equipment will be required to work into. Indicate an impedance for each input to be used. If this value is a result of combinations of transducers, describe the load arrangement in REMARKS. Enter the frequency response in hertz.

REMARKS:
Enter any remarks necessary to clarify entries made.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2810 - OTHER COMMUNICATIONS - TIMING

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TIMING SIGNAL

TIMING CODE REPETITION RATES:
CORRELATION ACCURACY:

LOCATION OF END INSTRUMENT

STATION:
BUILDING NUMBER:
ROOM NUMBER:
RACK NUMBER:
AMBIENT TEMPERATURE:
SPACE AVAILABLE:

REQUESTING AGENCY RECORDING INSTRUMENT OR TRANSDUCER

QUANTITY:
TYPE AND MODEL:
SPEED (IPS):
INPUT VOLTAGE:
INPUT OHMS:
FREQUENCY RESPONSE:

REMARKS:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2820 - OTHER COMMUNICATIONS - SEQUENCER

NOTE: This format is used by the Requesting Agency to list requirement for automatic sequential control.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

EVENTS:
List those functions which are sequences for control by the automatic function control circuits. Each automatic function control circuit is capable of automatically initiating or terminating an external function at a predetermined time during the countdown. The time of either initiation or termination is determined by the path panel program. Enter the functions to be controlled, in chronological order based on start times, e.g., start gyro, stop LOX topping, start spin rockets, start recorder, etc.

List the functions preselected for sampling by the automatic hold-fire control circuits. Each automatic hold fire circuit provided is capable of sampling the off or on condition of an external function. The sampling time of these circuits is determined by preselecting the sampling interval on the patch panel. Each circuit has a "Automatic-Manual" control. In the automatic condition, if the malfunction of an external circuit clears during the sampling time, countdown will automatically restart. In the manual condition, the countdown can be restarted only by the sequence start button. Enter the functions to be sampled. These functions should be incorporated into the chronological order (based on start times) which were generated by the listed of automatic function control circuits.

SIGNAL SEQUENCE:
Enter the time in hours (H), minutes (M), and seconds (S) with respect to T-0 that the functions listed in EVENTS are initiated.

ELECTRICAL CHARACTERISTICS:
Enter the quantity of make or break contacts that will occur at the time listed above, and enter the letter "M" or "B" to indicate a make or break condition. If the electrical characteristics differ for each make or break contact, enter each on a separate line. Enter the excitation voltage, current rating, and type of signal in these entries as required.

REMARKS:
Enter any remarks necessary to clarify entries made.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2820 - OTHER COMMUNICATIONS - SEQUENCER

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

EVENTS

AUTOMATIC FUNCTION CONTROL CIRCUITS:

AUTOMATIC HOLD FIRE CIRCUITS:

SIGNAL SEQUENCE

START FROM T-0:
STOP FROM T-0:

ELECTRICAL CHARACTERISTICS

CONTACTS
QUANTITY:
CONDITION:
VOLTS:
AMPS:
DC OR AC FREQUENCY:

REMARKS:

CLASSIFICATION: * * * * * * UDS 2820 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 2830 - OTHER COMMUNICATIONS - VISUAL COUNTDOWN AND STATUS INDICATORS

NOTE: This format is used by the Requesting Agency to list its requirements for visual countdown and status indicators. Carefully plan the entries on this format so that all requirements can be clearly and completely displayed in the proper sequence of entries.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

INFORMATION TO BE DISPLAYED:
State the information that is to be displayed, i.e., countdown information (range or sequencer count), sequence status information, Range Safety Officer hold fire, master hold, Superintendent of Range Operations proceed, SRO hold fire, and other function and status items.

OPERATION PERIOD:
Enter the start (FROM), stop (TO), and total time to the nearest minute and second (or tenth of a second, if applicable).

INDICATORS:
Enter the number of indicators required to display the information and enter the type of mounting, for panel-mounted or bulkhead-mounted.

LOCATION OF VISUAL INDICATORS:
State the location of the indicator as closely as possible. The station entry can include name or symbols of stations participating in the operation.

REMARKS:
Enter any remarks necessary to clarify entries made.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

2830 - OTHER COMMUNICATIONS - VISUAL COUNTDOWN AND STATUS INDICATORS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

INFORMATION TO BE DISPLAYED:

OPERATION PERIOD FROM ( )MIN ( )SEC TO ( )MIN ( )SEC

OPERATION PERIOD TOTAL ( )MIN ( )SEC

INDICATORS

QUANTITY:
MOUNTING:

LOCATION OF VISUAL INDICATORS

STATION:
BUILDING:
ROOM:
LOCATION:

REMARKS:

CLASSIFICATION: * * * * * * UDS 2830 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3000 - REALTIME DATA DISPLAY/CONTROL

NOTE: The realtime data section of the UDS has been designed to provide for the most complex programs. It includes all known categories of realtime data requirements and provides for supplemental documentation where this may be determined to be necessary.

This format is used to describe the realtime data requirements. Realtime data are defined as data which are available, in usable form, in time to permit their use in affecting the test while it is in progress. Realtime data are considered as falling in two categories, generally referred to as (1) realtime digital data and (2) realtime analog data.

Realtime digital data is the product of the Realtime Data System (RTDS). RTDS support is provided when the need for precise realtime data is critical, as in positioning vehicles used in re-entry studies, controlling multiple drones information flights, etc.

Realtime analog data are data produced by a particular sensor system (e.g., radar, telemetry) and displayed as needed for flight safety decisions, aircraft and drone vectoring, observation of vehicle performance, etc. These data are nearly always in analog form and are essentially raw data except for such corrections or limited processing as may be provided within the sensor system.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( ):
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. Describe the realtime data requirements of the program mission or test in sufficient detail to insure complete understanding of the organization and requirements of this UDS Section. Identify these categories of requirements to be addressed although specifics for that category are not presently available. Large programs or tests should identify all supplemental documentation by title, number, and minimum contents. Include broad outlines wherever possible. Small programs or tests will not require all of the categories of realtime data requirements. Those requirements that are to be covered and those that are not applicable are to be identified.

Request for display of realtime analog data as defined here should be included with the basic data/support reference, (i.e., telemetry display in Section 2200, tracking radar display (trajectory) in Section 2100, etc.).

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3000 - REALTIME DATA DISPLAY/CONTROL

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3010 - REALTIME FLIGHT CONTROL/SUPPORT CENTERS

NOTE: This format is used to describe the functions of each flight control/support center with respect to the program/mission.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Show how each agency controls or supports the program or mission through its general or unique capabilties.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3010 - REALTIME FLIGHT CONTROL/SUPPORT CENTERS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3020 - REALTIME FLIGHT CONTROL DATA ACQUISITION

NOTE: This format is used to specify the control data acquisition and control requirements and configurations at the remote sites and control centers.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Specify the control data acquisition and control requirements for each mission and the data display and control configurations at the remote sites and the control centers. Information relevant to console and display requirements shall be placed on Format 3030 - Realtime Displays and Consoles.

List telemetry parameters and sample rates to be included in telemetry communications formats required on Format 3043 - Realtime Telemetry Data Formats.

If supplementary format documentation is to be required from the Requesting Agency, state the documenation requirements including title, number, and minimum contents.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3020 - REALTIME FLIGHT CONTROL DATA AQUISITION

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

CLASSIFICATION: * * * * * *

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3030 - REALTIME DISPLAYS AND CONSOLES

NOTE: This format is used to list requirements relating to realtime display and consoles.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
State in narrative form information relevant to console requirements. The type information shall include the supplier of the console (Requesting or Support Agency); calibration requirements; degree of flexibility for change of display, functions, etc.; and, if supplied by the Requesting Agency, the signal inputs required from the Support Agency for driving the displays, functions, etc.

3030 - REALTIME DISPLAYS AND CONSOLES

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3031 - REALTIME DISPLAYS

NOTE: This format is used to plan all realtime display requirements so they can be clearly and completely displayed in the proper sequence.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

PERIOD REQUIRED:
Enter by quarter and year the period(s) during which the requirements must be supported.

INFORMATION TO BE DISPLAYED:
State the information that is to be displayed, i.e., countdown information, sequencer status information, hold/fire, master hold, and other information and status time.

PERIOD OF OPERATION:
Enter the start (FROM), stop (TO), and total time to the nearest minute and second (or tenth of a second, if applicable).

INDICATORS:
Enter the number of indicators required to display the information and enter the type of display, i.e., plotting board, audio/visual, strip chart, etc.

LOCATION OF VISUAL INDICATORS:
State the location of the indicator as closely as possible. Give location of display in the designated area, i.e., west wall, console number, rack or panel, or numbered location of display (such as plotting board No. 1).

REMARKS:
Enter any remarks necessary to clarify entries made.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3031 - REALTIME DISPLAYS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

PERIOD REQUIRED FROM ( )QTR ( )CY TO ( )QTR ( )CY

INFORMATION TO BE DISPLAYED:

PERIOD OF OPERATION FROM ( )MIN ( )SEC TO ( )MIN ( )SEC

PERIOD OF OPERATION TOTAL ( )MIN ( )SEC

INDICATORS

QUANTITY:
TYPE:

LOCATION OF VISUAL INDICATORS

BUILDING NUMBER:
ROOM NUMBER:
LOCATION:

REMARKS:

CLASSIFICATION: * * * * * * UDS 3031 R JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3032 - REALTIME CONSOLE COMMAND PANELS

NOTE: This format is used to identify the functions which are to be performed by the command console. This format is to be completed whether the console is to be provided by the Requesting or Support Agency.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

CONSOLE TITLE AND LOCATION:
Enter the console title. List the recommended stations at which the console should be employed.

FUNCTION:
Identify the command labels which are to be used.

PUSHBUTTON INDICATORS:
List the alpha or numerical identifier for each pushbutton indicator.

CODE:
Enter the digital command code for each function listed including vehicle and system addresses.

REMARKS:
Enter any remarks necessary to clarify entries made.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3032 - REALTIME CONSOLE COMMAND PANELS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

CONSOLE TITLE AND LOCATION:

FUNCTION:

PUSHBUTTON INDICATORS:

CODE

VEHICLE:
SYSTEM:
FUNCTION:

REMARKS:

CLASSIFICATION: * * * * * * UDS 3032 R JAN90

FORMAT 3033 - REALTIME CONSOLE ANALOG RECORDERS

NOTE: This format is used to identify the realtime console analog measurements required. This format is to be completed whether the console is to be provided by the Requesting or Support Agency.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

MEASUREMENT:
Enter the measurement name and number to be recorded.

LINK:
Identify the RF link, as appropriate, by which the measurement is transmitted.

SOURCE:
Identify the telemetry SCO (Sub-Carrier Oscillator) in which the measurement is transmitted.

PEN NUMBER:
Specify the desired recorder pen number for each measurement.

REMARKS:
Use this entry to identify the console of which the recorder will be a part, its recommended location, paper speed, calibration requirements, and other clarifying remarks.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3033 - REALTIME CONSOLE ANALOG RECORDERS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

MEASUREMENT

NUMBER:
NAME:

LINK:

SOURCE:

PEN NUMBER:

REMARKS:

CLASSIFICATION: * * * * * * UDS 3033 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3034 - REALTIME CONSOLE DRAWINGS

NOTE: This format is to be used to provide a drawing of the layout of the consoles and associated panels.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Provide a drawing of the desired or actual (if supplied by the Requesting Agency) layout of the consoles and associated panels.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3034 - REALTIME CONSOLE DRAWINGS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

CLASSIFICATION: * * * * * * UDS 3034 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3040 - REALTIME DATA FORMATS

NOTE: This format is used to describe the realtime data format requirements.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Briefly describe the data formats which are to be used for transmission of tracking, telemetry, command, and other realtime data to the Requesting Agency. If supplementary format documentation is required, state the documentation requirement including title, number and minimum contents.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3040 - REALTIME DATA FORMATS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3041 - REALTIME TRACKING DATA FORMAT CONTROL

NOTE: This format is used to specify the formats in which realtime tracking data is to be transmitted to the Requesting Agency. Data formats for existing low speed character systems and high speed bit systems are requirted. Words 1 and 2 of the format are reserved by the Support Agency for a message label and the time word.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Specify the realtime tracking data required and whether high speed, low speed or high and low speed transmission is required. State whether raw or smooth data is to be provided. Identify the Requesting Agency station(s) to which the data is to be transmitted. Concisely state what each bit or character of the format is to be used for. Provide a sketch for each format. If supplementary documentation is used for defining formats required, specifically identify documents and applicable sections/paragraphs.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3041 - REALTIME TRACKING DATA FORMAT CONTROL

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

CLASSIFICATION: * * * * * * UDS 3041 R
JAN90

FORMAT 3042 - REALTIME TELEMETRY DATA FORMAT CONTROL

NOTE: This format is used to describe in general terms the realtime telemetry data formats.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Specify the realtime telemetry data required and identify the Requesting Agency station(s) to which the data is to be transmitted. If supplementary documentation is used for defining the data train characteristics, specifically identify document and applicable sections/paragraphs.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3042 - REALTIME TELEMETRY DATA FORMAT CONTROL

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

CLASSIFICATION: * * * * * * UDS 3042 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3043 - REALTIME TELEMETRY DATA FORMATS

NOTE: This format is used to list telemetry data requirements and location of data in the realtime data train.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

SUB-ITEM:
This number may be single digit or decimal coded and is a suffix to the item number.

TEST CODE:
Enter the test code for each sub-item.

MEASUREMENT NUMBER:
Enter the measurement number of the test data to be provided in realtime.

MEASUREMENT NAME:
Enter the measurement name of the data to be provided in realtime.

SAMPLES PER SECOND:
Enter the relayed sampling rate of each measurement.

WORD NUMBER:
Assign word number for each measurement for location of data within the data frame.

FRAME NUMBER:
Assign frame number for each measurement for location of data within the data train.

REMARKS:
Specifiy overhead type data that is to be included in the data train, e.g., sync words, source code, destination code, frame count, etc. Identify location of overhead data train. Use space of other clarifying information. If supplementary documentation is used for specifying data train arrangement, specifically identify document and applicable section/paragraphs.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3043 - REALTIME - TELEMETRY DATA FORMATS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

SUB-ITEM	TEST CODE	MEASUREMENT NUMBER	MEASUREMENT NAME	SAMPLES PER SEC	WORD NUMBER	FRAME NUMBER

REMARKS:

CLASSIFICATION: * * * * * * UDS 3043 R JAN90

FORMAT 3044 - REALTIME COMMAND DATA FORMAT CONTROL

NOTE: This format is used to list all high and low speed data formats required for command purposes.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Specify all high speed and low speed data formats required for command purposes. For programming purposes, include all command lists which provide the data structures for each command. Describe all mission/test interface formats.

Requirements for command computer programs that may be necessary at remote sites to standardize the command system or to implement a command system for a specific mission or test should be described on Format 3045 - Realtime Remote Site Data Processing.

Reference any unique requirements for consoles and displays and describe the console and display configuration on Format 3030 - Realtime Displays and Consoles. If supplemental data format documentation is required, state the documentation requirements including title, number and minimum contents.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3044 - REALTIME COMMAND DATA FORMAT CONTROL

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

CLASSIFICATION: * * * * * * UDS 3044 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3045 - REALTIME REMOTE SITE DATA PROCESSING

NOTE: This format is used to specify the computer programs necessary for remote site data processor operations in support of a mission or test. This includes programs for accepting data for site display, processing, or retransmission of raw or processed data to control centers or other sites.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Specify the programs that comprise system interfaces in the various systems such as command telemetry, tracking, and composite.

If supplemental documentation is required, state the documentation requirements including title, number and minimum contents.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3045 - REALTIME REMOTE SITE DATA PROCESSING

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3050 - REALTIME DATA TESTING

NOTE: This format is used to define the test requirements necessary to assure capability to transmit and receive realtime data.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Briefly describe the validation testing required to assure the ability to transmit and receive realtime telemetry, tracking, and command data. If supplementary documentation is required, state the documentation requirements including title, number, and minimum contents.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3050 - REALTIME DATA TESTING

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

CLASSIFICATION: * * * * * * UDS 3050 R
JAN90

FORMAT 3060 - REALTIME DATA INTERFACES

NOTE: This format is used for realtime data requirements not covered eleswhere in UDS Sections 3000 through 3099.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Briefly describe the data interfaces which evolve due to requirements for transmission and processing of realtime data.

3060 - REALTIME DATA INTERFACES

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

FORMAT 3061 - REALTIME DATA INTERFACE CRITERIA

NOTE: This format is used to provide the Support Agency with information needed to determine interface requirements when data generated by Requesting Agency instrumentation is to be transmitted and/or processed by the Support Agency.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

PERIOD REQUIRED:
Enter by quarter and year the period(s) during which the requirement must be supported.

DATA TYPE:
Indicate general type of data, i.e., analog or digital.

SOURCE:
List geographical locations of the data source. Give the magnitude of the output impedance of the source and under type indicate whether this output is balanced or single-ended. Indicator balanced, single-ended.

TERMINATION:
Indicate information as in Data Type above for the receiving termination.

NOTE: If DATA TYPE indicates digital data, omit the ANALOG DATA entry. If this data is analog, complete the following:

ANALOG DATA:
Indicate the general waveshape, e.g., variable frequency sine wave, variable d.c. voltage, etc. If this waveform is other than a sine wave, illustrate on Format 3062, Realtime Data Interface Criteria Drawings. State output voltage, voltages, or voltage ranges as applies. Indicate voltage(s) required for receiver operations based on above outputs less transmission losses. State frequency, frequencies, or frequency range of operations as applies. State signal-to-noise ratio required at the receiver.

NOTE: If DATA TYPE is analog data, omit the DIGITAL DATA entry. If this data is digital, complete the following:

DIGITAL DATA:
State the binary 1 indication, e.g., NRZ-6 V. If other than a non-return to zero voltage level, illustrate on Format 3062. State information for binary zero. Indicate general output data format, e.g., 8-bit, parallel, serial, etc. State frame rate or rates of data for parallel data, i.e., the rate at which parallel words are transmitted. (For serial data, the frame rate is equal to the bit rate., Indicate any clock outputs requiring transmission and/or available for use. If data equipment requires external interrupts, so indicate. Use Format 3062 for illustrations as required. Indicate transmission error rate tolerance.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3061 - REALTIME DATA INTERFACE CRITERIA

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

PERIOD REQUIRED FROM ( )QTR ( )CY TO ( )QTR ( )CY

DATA TYPE:

SOURCE

LOCATION:
IMPEDANCE
MAGNITUDE:
TYPE:

TERMINATION

LOCATION:
IMPEDANCE
MAGNITUDE:
TYPE:

ANALOG DATA

WAVEFORM:
OUTPUT VOLTAGE:
RECEIVE VOLTAGE:
FREQUENCY/FREQUENCY RANGE:
SIGNAL TO NOISE RATIO:

DIGITAL DATA

BINARY 1:
BINARY 0:
OUTPUT FORMAT:
FRAME RATE:
CLOCK:
ERROR RATE:

CLASSIFICATION: * * * * * * UDS 3061 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3062 - REALTIME DATA INTERFACE CRITERIA DRAWINGS

NOTE: This format is used to graphically portray the data handling sytsem(s) described on Format 3061.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Provide a simple block diagram showing the complete data flow circuit. Start at the upper left hand corner of the page with the basic instrument that collects the data, and show all intermediary data collection points between the basic data collection instrument and the final recipient. Indicate quantities of each type circuit.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3062 - REALTIME DATA INTERFACE CRITERIA DRAWINGS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

CLASSIFICATION: * * * * * * UDS 3062 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3070 - REALTIME DATA COMPUTER

NOTE: This format is used to describe the computer requirements for realtime data processing.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Briefly describe the data processing which will be required to support the realtime data requirements specified within UDS Sections 3000 through 3099.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3070 - REALTIME DATA COMPUTER

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

CLASSIFICATION: * * * * * * UDS 3070 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3080 - REALTIME DATA DISTRIBUTION

NOTE: This format is used to list the distribution of realtime data, the requirements for which have been established elsewhere in the document.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Enter the realtime data distribution requirements.

3080 - REALTIME DATA DISTRIBUTION

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3100 - PHOTOGRAPHIC

NOTE: This format is used to state general photographic requirements in narrative form. Detailed documentary requirements will be stated on Format 3110 and detailed engineering requirements stated on Format 3120.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( ):
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. Describe the requirements for photographic coverage including documentary, engineering, public affairs, tracking, etc.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3100 - PHOTOGRAPHIC

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

CLASSIFICATION: * * * * * * UDS 3100 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3110 - PHOTOGRAPHIC - DOCUMENTARY

NOTE: This format is used to identify detailed documentary photographic requirements and to establish their recommended processing instructions. The number of copies and disposition must be included on Formats 4200 or 4216, Data Disposition.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

LOCATION:
Enter the location at which the desired photographic coverage is required.

CAMERA FORMAT:
Enter the size of film required, i.e., 4x5, 50mm, 35mm, 16mm, etc.

FOCAL LENGTH:
Enter the focal length of the lens to be used to obtain the required coverage.

FRAMES PER SECOND:
Enter the desired frame rate for motion picture coverage in frames/second.

FILM TYPE LOAD:
Enter the type film required and whether black and white or color coverage is required. Include, where applicable, the film load required, i.e., Three (3) 400 foot reels, One (1) 100 foot reel, etc.

INTERVAL:
Enter the time interval or function during which coverage is required.

CAMERA:
Enter that a fixed or tracking camera is required.

EXPOSURE:
Enter the exposure required. If flame exposure is desired, indicate by entering the temperature of the flame in Kelvin (K).

TIMING:
Usually, for engineering photography only, indicate if timing is required. If a special or specific type of timing is required, it must be outlined and specified, otherwise, the requestor will be furnished timing as available at the Support Agency. Enter Not Required, if applicable.

REMARKS:
Enter any remarks necessary to clarify entries made. Include the recommended processing instructions, if applicable.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3110 - PHOTOGRAPHIC - DOCUMENTARY

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

LOCATION:

CAMERA FORMAT:

FOCAL LENGTH:

FRAMES PER SECOND:

FILM TYPE LOAD:

INTERVAL:

CAMERA:

EXPOSURE:

TIMING:

REMARKS:

CLASSIFICATION: * * * * * * UDS 3110 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3120 - PHOTOGRAPHIC - ENGINEERING

NOTE: This format is used to identify detailed engineering photographic requirements and to establish their recommended processing instructions. The number of copies and disposition must be included on Formats 4200 or 4216, Data Disposition.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

LOCATION:
Enter the location at which the desired photographic coverage is required.

CAMERA FORMAT:
Enter the size of film required, i.e., 4x5, 50mm, 35mm, 16mm, etc.

FOCAL LENGTH:
Enter the focal length of the lens to be used to obtain the required coverage.

FRAMES PER SECOND:
Enter the desired frame rate for motion picture coverage in frames/second.

FILM TYPE LOAD:
Enter the type film required and whether black and white or color coverage is required. Include, where applicable, the film load required, i.e., Three (3) 400 foot reels, One (1) 100 foot reel, etc.

INTERVAL:
Enter the time interval or function during which coverage is required.

CAMERA:
Enter that a fixed or tracking camera is required.

EXPOSURE:
Enter the exposure required. If flame exposure is desired, indicate by entering the temperature of the flame in Kelvin (K).

TIMING:
Indicate if timing is required. If a special or specific type of timing is required, it must be outlined and specified, otherwise, the requestor will be furnished timing as available at the Support Agency. Enter Not Required, if applicable.

REMARKS:
Enter any remarks necessary to clarify entries made. Include the recommended processing instructions, if applicable.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3120 - PHOTOGRAPHIC - ENGINEERING

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

LOCATION:

CAMERA FORMAT:

FOCAL LENGTH:

FRAMES PER SECOND:

FILM TYPE LOAD:

INTERVAL:

CAMERA:

EXPOSURE:

TIMING:

REMARKS:

CLASSIFICATION: * * * * * * UDS 3120 R
JAN90

FORMAT 3200 - METEOROLOGICAL

NOTE: This format is used to establish general meteorological requirements for the program/mission and which cannot be adequately shown on other formats of this document.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( ):
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. The entry should state general requirements for meteorological or climatological data that will be required for a program or mission. This discussion may include:

1. The general requirement for the services of the DOD, National Oceanic and Atmospheric Administration (NOAA), and foreign weather services.

2. The application of climatological data to operational test program problems.

3. Evaluation of data requirements to meet flight problems.

4. The analysis of accuracy and representation of environmental data required for flight evaluation purposes.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3200 - METEOROLOGICAL

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

CLASSIFICATION: * * * * * * UDS 3200 R JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3210 - METEOROLOGICAL - MINIMA

NOTE: This format is used to specify values of meteorological elements which could preclude successful accomplishment of test objectives or which could jeopardize an unprotected vehicle.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Specify the critical values of meteorological elements such as cloud cover, surface or upper wind velocities or shears, icing, sea state, etc., which could preclude successful accomplishment of test objectives.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3210 - METEOROLOGICAL - MINIMA

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

CLASSIFICATION: * * * * * * UDS 3210 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3220 - METEOROLOGICAL - FORECASTS

NOTE: This format is used to state the requirements for a forecast valid at or near T-0. Detailed forecasts should not be requested for more than three days prior to the valid time. The forecast services will encompass meteorological and climatological parameters.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TIME REQUIRED:
State here the number of days prior to or after, launch day, (F-3D, F+1D, etc.) and on launch day, the number of hours prior to, or after, launch (T-10H, T+8H, etc.) that the forecast is required.

FORECAST PARAMETERS:
State here parameters or weather elements for which a forecast is required (e.g., precipitation and/or obstruction to vision; amount, base and top of clouds; horizontal visibility, surface winds, sea and swell, vertical wind shear, jet stream, turbulence, freezing level, contrail level, etc.). Use abbreviations listed in instructions for Format 3230. Parameters should be separated into surface and upper air. The range or altitude interval and maximum altitude for upper air parameters should be specified.

VALID TIME:
List here the number of hours a forecast will be required to remain valid, e.g., T-4H to T-0.

LOCATION:
Specify the location, geographical area, or flight area for which the forecast is required, e.g., impact, launch, burnout, re-entry, recovery, etc.

PURPOSE AND REMARKS:
State the purpose to which the forecasts will be put. Be specific (to calculate drag, to predict drift on recovery of nose cone, etc.). Enter any other remarks necessary to clarify any inputs made.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3220 - METEOROLOGICAL - FORECASTS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TIME REQUIRED:

FORECAST PARAMETERS:

VALID TIME:

LOCATION:

PURPOSE AND REMARKS:

CLASSIFICATION: * * * * * * UDS 3220 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3230 - METEOROLOGICAL - OBSERVATIONS

NOTE: This format is used to request those meteorological parameters required to analyze data received before, during, or after the test or operation.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

DATA REQUIRED:
Specify those parameters which are desired and also indicate requirements for computed data. Use the abbreviations as listed for the following:

Temp (Temperature)	R.I. (Refraction Index)
Pres (Pressure)	Dens (Density)
R.H. (Relative Humidity)	S.O.S. (State of Sea)
Wind	Precip (Precipitation)
Visb (Visibility)	C.C. (Cloud Coverage)

State additional data requirements immediately after those entered above.

SURFACE:
Specify the time, in minutes, the data is required, e.g., T-120, T-60, T-30, T-0, etc. Specify the location or geographical area at which the data is required, e.g., launch, impact, flight area, etc.

UPPER AIR:
Specify the time, in minutes, the data is required, e.g., T-120, T-60, T-30, T-0, etc. Specify the location, geographical area, or flight interval at which the data is required, e.g., launch, burnout, reentry, impact, etc. State the intervals or increments of altitude at which the data shall be collected and/or recorded, e.g., 500 m, 1 km, etc. Specify the maximum altitude or limits of the altitudes in 1,000 meters (km) at which the data is required at the time listed above, e.g., 100, 150, 200, 50-100, 100-200, etc.

DATA PRIORITY:
Indicate whether the data requirement is mandatory (M), required (R), or desired (D). (See UDS Handbook, Volume 1, Chapter 3, for further explanation of priority.)

DATA ACCURACY:
Indicate the required reduced data accuracy value, e.g., 1 mb, 3 mb, 5kts, 2%, 5%, etc. Indicate the class of the value. (See UDS Handbook, Volume 1, Chapter 3, for further explanation of accuracy class).

PURPOSE AND REMARKS:
State the engineering purpose for the data and any remarks necessary to clarify the requirements made in the other entries or any particular requirement not covered elsewhere.

CLASSIFICATION: * * * * * *

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3230 - METEOROLOGICAL - OBSERVATIONS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

DATA REQUIRED:

SURFACE

TIME (MINS):

LOCATION:

UPPER AIR

TIME (MINS):

LOCATION:

INTERVAL:

ALTITUDE (KM):

DATA PRIORITY:

DATA ACCURACY

VALUE:

CLASS:

REMARKS:

CLASSIFICATION: * * * * * *

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3240 - METEOROLOGICAL - INSTRUMENTATION LOCATION DIAGRAM

NOTE: This format is used if special requirements exist for the location of meteorological instruments.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Provide diagram(s) that indicate the location of special instrumentation when these diagrams are necessary to clarify requirements.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3240 - METEOROLOGICAL - INSTRUMENTATION LOCATION DIAGRAM

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

CLASSIFICATION: * * * * * * UDS 3240 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3250 - METEOROLOGICAL - SPACE ENVIRONMENT

NOTE: This format is used to indicate the Requesting Agency's requirements for space environmental support. The statement of requirements should be specific.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

STATION:
Enter the location for which the requirement exists.

PERIOD:
Give the from-to period of which information is required.

OBSERVATIONS OR FORECASTS REQUIRED:
State requirements in specific terms. Support available consists of:

Observations (specify whether for realtime or post analysis) of: Solar Flares, Geomagnetic Indices, Solar Radio Flux (specify frequency), Solar Wind Velocity, Ionospheric Electron Density (specify location and altitudes), Energetic Particles (specify type and energy range), Ionograms from Range Stations (specify rate at which 35mm negative should be taken), and Ionospheric Radio Propagation Conditions (vertical and oblique incidence sounder observations).

Forecasts of: Solar Flares (indicate importance class), Proton Events, Geomagnetic Indices, 10cm Solar Radio Flux, Ionospheric Electron Density (specify location), and Ionospheric Radio Propagation Conditions (specify circuits, paths, or trunks).

DATA PRIORITY:
Indicate whether the data requirement is mandatory (M), required (R), or desired (D). (See UDS Handbook, Volume 1, Chapter 3, for further explanation of priority.)

PURPOSE AND REMARKS:
State the purpose of the requirement. If realtime observations or "quick-look" reports are required, give the position title and operational telephone number of the recipient.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3250 - METEOROLOGICAL - SPACE ENVIRONMENT

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

STATION:

PERIOD FROM ( ) TO ( )

OBSERVATIONS OR FORECASTS REQUIRED:

DATA PRIORITY:

REMARKS:

CLASSIFICATION: * * * * * *

PRD/QR PREPARATION INSTRUCTIONS

FORMAT 3260 - METEOROLOGICAL - CONSULTANT SERVICES

NOTE: This format is used to state requirements for meteorological consultant services. These services encompass areas such as the application of climatological data to specific operational problems concerned with the test program at the range, evaluation of data requirements to meet specific flight evaluation needs, and analyses of the accuracy and representation of environmental data requested for flight evaluation purposes.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Enter the requirements for meteorological or climatological consultant service and advice. Information for use in advance planning of test schedules, design of test equipment, and other meteorological environmental data for the Support Agency are available.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3260 - METEOROLOGICAL - CONSULTANT SERVICES

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

CLASSIFICATION: * * * * * * UDS 3260 R JAN90

FORMAT 3300 - RECOVERY

NOTE: This format is used to enter general information concerning requirements, flight plans, operations, procedures, etc., pertaining to recovery of personnel and equipment. For aircraft type programs this UDS Section may also include landing operations support information and requirements.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( ):
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. Enter general information concerning requirements necessary to support recovery operations. General requirements such as recovery areas, salvage and disposition, written reports required, handling equipment, drawings, and general communications requirements should be included on this Format. Detailed communications requirements, i.e., type of transmission format, source, destinations, etc., must be defined in the communications section of this document.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3300 - RECOVERY

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

CLASSIFICATION: * * * * * * UDS 3300 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3310 - RECOVERY - SHIPS AND AIRCRAFT COVERAGE

NOTE: This format is used to list locations and access times of recovery ships and aircraft.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

AREA CODE:
Enter the area code and/or designation.

NUMBER AND TYPE OF SHIPS:
List the number and type of ships required for recovery in areas designated in AREA CODE.

SHIP ACCESS TIME (HRS):
Enter the total time in hours from notification of the landing point to the time when the ship will arrive at the recovery point and the recovery effort is started.

NUMBER AND TYPE RESCUE AIRCRAFT:
List the number and type of aircraft needed for adequate recovery coverage in the area designated in AREA CODE entry.

AIRCRAFT ACCESS TIME (HRS):
Enter the total time in hours from notification of the landing point to the time when the aircraft will arrive at the recovery point and the recovery effort is started.

REMARKS:
Enter any remarks necessary to clarify entries made.

3310 - RECOVERY - SHIPS AND AIRCRAFT COVERAGE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

AREA CODE:

QUANTITY AND TYPE OF SHIPS:

SHIP ACCESS TIME (HRS):

QUANTITY AND TYPE RESCUE AIRCRAFT:

AIRCRAFT ACCESS TIME (HRS):

REMARKS:

FORMAT 3320 - RECOVERY - ITEMS TO BE RECOVERED

NOTE: This format is used to specify and describe items which must be recovered, including flight hardware, re-entry vehicle, spacecraft, etc. Handling procedures for equipment requiring special fixtures, jigs, tools, etc., should be provided to the recovery agencies in accordance with applicable regulations.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

NOMENCLATURE:
Enter the name or nomenclature of the item to be recovered.

WEIGHT (LBS):
Enter the weight of the item in pounds.

DIMENSIONS (FT):
Enter the overall length, width, and the largest diameter, if applicable.

LIFE FORM/HAZARDS:
If applicable, indicate the type of life forms; human, primate, or spores, contained in the recoverable item. Identify any object which is classified or which is potentially dangerous to recovery personnel, for example, ordnance and hypergolic items, pressurized vessels, and toxic materials.

REMARKS:
Enter additional information, sequence of events, recovery aids, etc., which will aid in the identification and recovery of the specified item.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3320 - RECOVERY - ITEMS TO BE RECOVERED

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

NOMENCLATURE:

WEIGHT (LBS):

DIMENSIONS (FT)

LENGTH:
WIDTH:
DIAMETER:

LIFE FORM/HAZARDS:

REMARKS:

CLASSIFICATION: * * * * * * UDS 3320 R
JAN90

FORMAT 3330 - RECOVERY - SALVAGE AND DISPOSITION

NOTE: This format is used to identify and describe components which may have to be salvaged and disposed of in case of inadvertent impact on land or in water.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

NOMENCLATURE:
Enter the name or designation of the component to be salvaged or disposed of.

WEIGHT (LBS):
Enter the weight of the component in pounds.

LOCATION:
Enter the location of the component in the vehicle, e.g., first stage engine section, nose cone, etc.

DESCRIPTION:
Give a brief description of the component, including such items as length, width, shape, etc. If drawings are available, enter title and number.

REMARKS:
Enter the purpose of the salvage action, the disposition of the salvaged component, and any special handling instructions. Identify each object which is classified or which is potentially dangerous to recovery personnel.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3330 - RECOVERY - SALVAGE AND DISPOSITION

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

NOMENCLATURE:

WEIGHT (LBS):

LOCATION:

DESCRIPTION:

REMARKS:

CLASSIFICATION: * * * * * * UDS 3330 R
JAN90

FORMAT 3340 - RECOVERY - PLANNED AREAS

NOTE: This format is used to list requirements for planned areas of recovery.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

AREA CODE:
Enter the recovery area code and/or designation.

POSITION
Enter the latitude and longitude of the area.

LANDING AREA SIZE:
Enter the lengths of the major and minor axes of each area in nautical miles.

LAUNCH AZIMUTH:
Enter the launch azimuth for the mission involved.

REVOLUTION NUMBER:
Enter the revolution number.

ITEMS TO BE RECOVERED:
Enter names of the items of flight hardware to be recovered.

REMARKS:
Enter any remarks necessary to clarify entries made.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3340 - RECOVERY - PLANNED AREAS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

AREA CODE:

POSITION

LATITUDE:
LONGITUDE:

LANDING AREA SIZE

MAJOR:
MINOR:

LAUNCH AZIMUTH:

REVOLUTION NUMBER:

ITEMS TO BE RECOVERED:

REMARKS:

CLASSIFICATION: * * * * * * UDS 3340 R
JAN90

FORMAT 3350 - RECOVERY - CONTINGENCY AREAS

NOTE: This format is used to list requirements for recovery contingency areas.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

AREA CODE:
Enter the recovery area code and/or designation.

POSITION:
Enter the latitude and longitude of the area.

LANDING AREA SIZE:
Enter the lengths of the major and minor axes of each area in nautical miles.

LAUNCH AZIMUTH:
Enter the launch azimuth for the mission involved.

REVOLUTION NUMBER:
Enter the revolution number.

ITEMS TO BE RECOVERED:
Enter names of the items of flight hardware to be recovered.

REMARKS:
Enter any remarks necessary to clarify entries made.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3350 - RECOVERY - CONTINGENCY AREAS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

AREA CODE:

POSITION

LATITUDE:
LONGITUDE:

LANDING AREA SIZE

MAJOR:
MINOR:

LAUNCH AZIMUTH:

REVOLUTION NUMBER:

ITEMS TO BE RECOVERED:

REMARKS:

FORMAT 3360 - RECOVERY - ABORT AREAS

NOTE: This format is used for listing all recovery areas necessary for aborts.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

AREA CODE:
Enter the recovery area code and/or designation.

LOCATION OF AREA:
Enter the location of area designated in area code entry.

AREA SIZE:
Enter the lengths of the major and minor axes in nautical miles.

POSITION:
Enter the latitude and longitude of the area.

REMARKS:
Enter any remarks necessary to clarify entries made.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3360 - RECOVERY - ABORT AREAS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

AREA CODE:

LOCATION OF AREA:

AREA SIZE

MAJOR:
MINOR:

POSITION

LATITUDE:
LONGITUDE:

REMARKS:

CLASSIFICATION: * * * * * * UDS 3360 R JAN90

FORMAT 3400 - OTHER TECHNICAL SUPPORT

NOTE: This format is used by the Requesting Agency to specify general support requirements that are not included in the other UDS technical sections.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( ):
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. Define general technical support requirements not previously covered in this document.

3400 - OTHER TECHNICAL SUPPORT

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3410 - OTHER TECHNICAL SUPPORT - AIRCRAFT

NOTE: This format is used to list requirements for aircraft. Aircraft needs for airborne instrumentation tests, drop tests, user provided equipment, etc., should be listed here. This Format may also be used to list aircraft recommended to support airborne telemetry, frequency protection, optics, etc. These data or service requirements must also have been requested in the appropriate UDS Section.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

AIRCRAFT SOURCE RA( ) SA( ):
Indicate whether the aircraft will be furnished by the Requesting Agency (RA) or Support Agency (SA).

FUNCTION/REQUIREMENT:
Enter the function the aircraft will perform such as airborne instrumentation (give type), escort, photo, administrative, etc. State the aircraft support that will be required, i.e., transient services, communications, etc.

EQUIPMENT TO BE INSTALLED IN AIRCRAFT:
Enter the specialized equipment to be installed in the aircraft. Indicate who will perform the installation, maintenance and who will furnish this equipment. Give an estimate of the time needed to install and remove each item of equipment. For example, a piece of special telemetry equipment furnished, maintained and installed by XX Company is needed and it takes 20 hours to install and 5 hours to remove.

NUMBER OF AIRCRAFT:
Enter the number of aircraft required, per quarter, to support the function and purpose.

NUMBER OF FLIGHTS:
Enter the number of flights, per quarter, anticipated per aircraft.

FLIGHT HOURS/TEST:
Enter the maximum flight duration in hours that will be required for an average single test. Flight time should include time flown prior to T-time, estimated hold time and post-test vehicle or missile time, as applicable. Times should be based on desired aircraft speed.

TOTAL FLYING HRS/QTR:
Enter the total flying hours.

STATION:
Enter the station(s), center(s), or range station number(s) involved.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3410 - OTHER TECHNICAL SUPPORT - AIRCRAFT

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

AIRCRAFT SOURCE RA( ) SA( )

FUNCTION/REQUIREMENT:

EQUIPMENT TO BE INSTALLED IN AIRCRAFT:

ITEM	CY: 1	2	3	4	CY: 1	2	3	4
NUMBER OF AIRCRAFT:								
NUMBER OF FLIGHTS A/C:								
FLIGHT HOURS/TEST:								
TOTAL FLYING HRS/QTR:								
STATION:								
FLIGHT PATH:								
SPEED RANGE (KTS):								
ALTITUDE:								

REMARKS:

CLASSIFICATION: * * * * * * UDS 3410 R JAN90

FORMAT 3410 - OTHER TECHNICAL SUPPORT - AIRCRAFT (CONT'D)

FLIGHT PATH:
If the flight path encompasses many stations, list the range stations such as 3-7. If the stations involved vary during the test period, indicate such for each quarter. If the flight path is more involved, enter narrative description in REMARKS.

SPEED RANGE (KTS):
Enter minimum and maximum speeds acceptable in knots.

ALTITUDE:
Enter minimum and maximum altitudes acceptable, i.e., 1000-foot increments or equivalent metric unit.

REMARKS:
Use this entry to clarify or explain any information stated elsewhere. Include the aircraft type and identification number, if known. Indicate whether the Support Agency cannot use the aircraft for other missions between tests.

FORMAT 3411 - OTHER TECHNICAL SUPPORT - SEACRAFT

NOTE: This format is used to list requirements for seacraft. Seacraft needs for shipborne instrumentation test, set-out tests, User installed equipment, etc., should be listed here. This Format may also be used to recommend the seacraft to support shipborne telemetry, radar measurements, recovery, etc. These data or service requirements must also have been requested in the appropriate UDS Section.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TYPE AND FUNCTION:
Enter the type of ship or boat required and the function it will perform.

SEACRAFT SOURCE RA( ) SA( ):
Designate whether ship is furnished by the Requesting Agency (RA) or Support Agency (SA).

NUMBER OF OPERATIONS:
Enter the number of operations in the space provided and the estimated total time, in hours, the ship or boat will be required on station for the calendar periods indicated.

OPERATING AREA:
Enter the geographical coordinates of the approximate on-station position desired or the area in which the ship's operations are to be conducted.

BEARING (TRUE):
Enter the true bearing of the ship or boat operation.

SPEED:
Enter the speed requirements of the ship or boat in knots during the support operations.

DESCRIPTION OF OPERATIONS:
Enter a brief description of a typical operation to be supported.

SUPPORT REQUIRED:
Describe the support required. Enter all nonstandard equipment that must be installed; indicate which, if any, the Support Agency will be expected to furnish, install, or maintain.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3411 - OTHER TECHNICAL SUPPORT - SEACRAFT

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TYPE AND FUNCTION:

SEACRAFT SOURCE RA( ) SA( )

CY:				CY:			
1	2	3	4	1	2	3	4

NUMBER OF OPERATIONS:
TOTAL TIME REQUIRED ON STA:

OPERATING AREA:

BEARING (TRUE):

SPEED:

DESCRIPTION OF OPERATIONS:

SUPPORT REQUIRED:

CLASSIFICATION: * * * * * * UDS 3411 R
JAN90

FORMAT 3420 - OTHER TECHNICAL SUPPORT - TARGETS

NOTE: This format is used to list target requirements. Do not use this format to list requirements for splash or SOFAR nets.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TARGET CODE DESIGNATION, NAME, AND REFERENCE:
Indicate the target's code designation and common name. Also, give references which will describe the target.

TYPE OF TARGET:
State the type of moving target, indicating its environment (land, sea, air, space).

SOURCE:
Indicate whether the target is to be furnished by the Requesting Agency (RA) or the Support Agency (SA).

SECURITY CLASSIFICATION:
Enter the highest security classification of the target.

TARGET PERFORMANCE PARAMETERS:
Indicate the magnitude of the various parameters listed. Additional parameters may be added if appropriate.

AIR CONTROL REQUIREMENTS:
Complete the outlined description.

NAME OF EQUIPMENT:
List the equipment (both target borne and non target borne) needs for target requirements. Facility requirements should be listed in UDS Sections 5600 through 5699.

AGENCY RA( ) SA( ):
Indicate whether listed equipment will be furnished by the Requesting Agency (RA) or the Support Agency (SA).

DESCRIPTION OF EQUIPMENT:
Briefly describe important properties of the equipment to be used.

PURPOSE:
Indicate the purpose of the equipment.

SUPPORT SERVICES AND SPECIAL REQUIREMENTS:
List support services such as Automatic Ground Control Landing (AGCL). Operational or similar systems must be described in the event a user would be authorized to provide their own target operations.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3420 - OTHER TECHNICAL SUPPORT - TARGETS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TARGET CODE DESIGNATION, NAME, AND REFERENCE:

TYPE OF TARGET:
SOURCE:
SECURITY CLASSIFICATION:
TARGET PERFORMANCE PARAMETERS
  SPEED:
  ALTITUDE:
  FUEL ON BOARD:
  ENDURANCE:
  TIME ON STATION:
  SIZE:
  REFLECTIVE SURFACE:
  TYPE OF BEACON:
AIR CONTROL REQUIREMENTS
  INTERCEPT
    0 (BRG):
    N.M. FROM:
  CONTROL LIMITATIONS OR EXPECTED TOLERANCES
    RANGE (MAX/MIN):
    ALT (MAX/MIN):
    BRG (MAX/MIN):
  AIRCRAFT STAGED AT:
  AIR CONTROLLER BRIEFING REQUIRED YES( ) NO( )
    BY:
   PILOTS USAF( ) USN( ) USA( ) CONTRACTOR( ) FOREIGN( )
   REQUIRED OR SUGGESTED LOCATION FOR CONTROL:

NAME OF EQUIPMENT:

AGENCY RA( ) SA)( )
DESCRIPTION OF EQUIPMENT:

PURPOSE:

SUPPORT SERVICES AND SPECIAL REQUIREMENTS:

CLASSIFICATION: * * * * * * UDS 3420 R
JAN90

FORMAT 3430 - SUMMARY OF FREQUENCY PROTECTION

NOTE: This format is used to present a list of all frequencies which require frequency protection and is not to be considered a request for frequency allocation. Requests for frequency allocation will be submitted according to Support Agency directives.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

FREQUENCY:
Enter the frequency in megahertz, kilohertz, etc.

RELATED REFERENCE UDS SECTION/ITEM NUMBER:
Enter references to the document's related UDS Section that describe the equipments to be used, by UDS Section number and requirement Item number.

EMISSION CHARACTERISTICS:
Enter the type of emission, (AM, FM, CW, Pulse, etc.), bandwidth in kHz and power output (average and/or peak), as the case may be. Use current World Administrative Radio Conference (WARC) bandwidth and emission designators.

PURPOSE/LOCATION:
Enter the purpose for which the frequency is required (air/ground voice, air/ground telemetry, point-to-point, voice, telemetry receivers, etc.). List the location of the referenced equipment.

PROTECTION REQUIRED:
Enter the desired guard band such as 500 kHz, etc.

ESTIMATED TIME OF USE:
Enter the estimated range time in hours per test that the frequency will be used. Open loop tests performed at times other than during the operation include the time the radiation begins (normally during countdown to splash), stage separation, injection, etc., whichever is applicable.

SPECIAL MONITORING REQUESTS:
Enter other related reference UDS Sections and item numbers which explain special monitoring requirements in detail.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3430 - SUMMARY OF FREQUENCY PROTECTION

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

FREQUENCY: EQUIPMENT LOCATION:

RELATED REFERENCE UDS SECTION/ITEM NUMBER:

EMISSION CHARACTERISTICS:

PURPOSE:

PROTECTION REQUIRED:

ESTIMATED TIME OF USE

PRE-MISSION:

MISSION:

SPECIAL MONITORING REQUESTS:

CLASSIFICATION: * * * * * * UDS 3430 R
JAN90

FORMAT 3431 - EMITTING SYSTEMS PROTECTION

NOTE This format is used to identify and list the radiation limits which may be hazardous to Requesting Agency test articles, vehicles, equipments or payloads. Provide the radiation levels at the equipment or container envelope at each facility occupied and during the interfacility movements. Include maximum permissible levels.

Specific frequency protection required for test or operational frequencies which will be used are documented on Format 3430.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

FREQUENCY:
Enter the frequency in megahertz, gigahertz, or angstroms, etc.

LOCATION:
Enter location that protection is required, such as building or area identity, or vehicle and area if in movement.

PROTECTION REQUIRED:
Enter maximum permissible levels allowable. Describe the term of reference and the units of measurement.

ESTIMATED DURATION OF PROTECTION:
Enter the beginning and ending time protection is required. Enter whether powered or unpowered, containered or uncontainered.

OTHER:
Provide any additional information that may be required to clarify the protection requirement.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3431 EMITTING SYSTEMS PROTECTION

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

FREQUENCY:

LOCATION:

PROTECTION REQUIRED:

ESTIMATED DURATION OF PROTECTION

PRE-MISSION:

MISSION:

OTHER:

CLASSIFICATION: * * * * * * UDS 3431 R
JAN90

FORMAT 3440 - GEODETIC AND GRAVITATIONAL DATA

NOTE: This format is used to identify geodetic and/or gravitational data required for the program or to identify parameter accuracy requirements which exceed current accuracy levels. The geodetic and gravitational parameters for specific launch sites, sensors, and targeted impact points are available to any qualified Requesting Agency. The Support Agency Geodetic Project Officer, or the responsible geodetic agency, will distribute the requisite published geodetic data to the Requesting Agency for each facility or group of facilities identified for use in support of the program in the Statement of Capability. The Requesting Agency will then analyze the geodetic data to determine its adequacy in connection with program objectives.

In general, the presently available parameter accuracies represent the current state-of-the-art. If the Requesting Agency identifies accuracy requirements significantly beyond the state-of-the-art (available data), the basis of these requirements must be documented. Such documentation, if required, will be requested of the Requesting Agency by the Support Agency after reviewing the requirements document.

If this format is not completed by the Requesting Agency, it will signify that the launch site, sensor, and targeted impact point data, as specified by the Support Agency, are adequate to meet program requirements.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

FACILITY DESCRIPTION AND LOCATION:
Identify each facility (launcher, sensor, impact point, or support facility) and its location, if known.

HORIZONTAL DATA:, VERTICAL DATA:, GRAVITY:
List the maximum allowable standard deviation uncertainties (accuracy = 1 sigma) for the following items for which geodetic and gravitational data requirements have been identified:

1. Launch Facilities
2. Sensors
3. Target Points
4. Support Facilities

All entries should be filled in. If the parameter is not required, so state in that entry. If the parameter is required but there is no accuracy statement necessary, indicate this in that the entry.

REMARKS AND SPECIAL REQUIREMENTS:
Enter any remarks as necessary. List any special geodetic and/or gravitational requirements not provided for above. Enter special instructions such as data reference points on particular instrumentation, special data card issuance or address, special accuracy statement clarification, or any special requirements related to the data.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3440 - GEODETIC AND GRAVITATIONAL DATA

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

FACILITY DESCRIPTION AND LOCATION:

HORIZONTAL DATA

GEODETIC LATITUDE (SEC):
GEODETIC LONGITUDE (SEC):
GEODETIC HEIGHT (METERS):
REFERENCE DATUM:

VERTICAL DATA

ELEVATION (METERS):
REFERENCE DATUM:

GRAVITY

ABS GRAV (MGALS):

REMARKS AND SPECIAL REQUIREMENTS:

CLASSIFICATION: * * * * * * UDS 3440 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3450 - OTHER TECHNICAL SUPPORT - TRAINING

NOTE: This format is used to describe special training or briefing requirements for Requesting Agency personnel in support of program, mission or test operations. Community presentations and education are covered on Format 5304.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

LOCATION:
Enter the location where the training is to be accomplished.

NUMBER:
Enter the number of personnel to be trained at the location stated under LOCATION.

TYPE/SPECIALITY:
Enter the type of training required. Give training course numbers or speciality codes, if known.

DATE/DURATION:
Define the period of time that the personnel will be available for the training courses requested.

PURPOSE/REMARKS:
Describe the training required and state any equipment or training aids that may be required. If housing, messing, and other base support services are required for the personnel specified under NUMBER entry, appropriate information must be entered in the Personnel Assignment Schedules, UDS Sections 5100 through 5120, and 5300, Services, as appropriate.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3450 - OTHER TECHNICAL SUPPORT - TRAINING

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

LOCATION:

NUMBER:

TYPE/SPECIALTY:

DATE/DURATION

ARRIVE:
DEPART:

REMARKS:

CLASSIFICATION: * * * * * * UDS 3450 R
JAN90

FORMAT 3500 - MEDICAL

NOTE: This format is used to describe general medical requirements.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( ):
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. Enter a description of the general medical requirements to be supported for the various phases of the program/mission.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3500 - MEDICAL

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

CLASSIFICATION: * * * * * * UDS 3500 R
JAN90

FORMAT 3505 - MEDICAL - BIO-SCIENCE

NOTE: This format is used to state special requirements for biological packages.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

SUPPORT SERVICES OR SPECIAL REQUIREMENTS:
List those support services and special requirements which may fall under the category of bio-science regardless if already mentioned elsewhere in the document, i.e., cages for primates, special instructions for their care, feeding, etc.

PURPOSE:
Briefy describe the purpose of the support required, relating them to the overall program.

SPECIALIZED PERSONNEL OR EQUIPMENT NEEDED:
Describe any special equipment or specialized personnel required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3505 - MEDICAL - BIO-SCIENCE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

SUPPORT SERVICES OR SPECIAL REQUIREMENTS:

PURPOSE:

SPECIALIZED PERSONNEL OR EQUIPEMENT NEEDED:

CLASSIFICATION: * * * * * * UDS 3505 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3510 - MEDICAL - PERSONNEL - ACTIVE

NOTE: This format is used to identify the number and type of medical personnel required at various locations to support the program/mission.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

LOCATION:
Enter the areas or locations that are to be staffed with medical personnel, i.e., Vandenberg AFB Hospital, PMTC; or offshore boats, etc.

NUMBER/TYPE:
Enter the number and type of personnel to be assigned to each location specified under LOCATION entry e.g., 4 surgeons.

TRAINING REQUIRED:
Specify the personnel training and/or briefing required prior to assignment.

RESPONSIBLE AGENCY:
List the agency responsible for conducting the training sessions.

DATE:
Enter the arrival and departure dates of medical personnel at the locations listed under LOCATION entry.

REMARKS/SPECIAL REQUIREMENTS:
Enter additional information or special requirements.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3510 - MEDICAL - PERSONNEL - ACTIVE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

LOCATION:

NUMBER/TYPE:

TRAINING REQUIRED:

RESPONSIBLE AGENCY:

DATE

ARRIVAL:
DEPARTURE:

REMARKS/SPECIAL REQUIREMENTS:

CLASSIFICATION: * * * * * * UDS 3510 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3520 - MEDICAL - PERSONNEL - STANDBY

NOTE: This format is used to identify the medical personnel who will be required to support the program/mission during emergencies or on a standby basis as consultants.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

LOCATION:
Enter the areas or locations where standby medical personnel will be assigned.

NUMBER/SPECIALITY:
Enter the number and specialty field of the medical personnel required at each location listed under LOCATION entry.

REMARKS/SPECIAL REQUIREMENTS:
Enter additional information or special requirements.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3520 - MEDICAL - PERSONNEL - STANDBY

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

LOCATION:

NUMBER/SPECIALTY:

REMARKS/SPECIAL REQUIREMENTS:

CLASSIFICATION: * * * * * * UDS 3520 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3530 - MEDICAL - FACILITY, EQUIPMENT, SERVICES

NOTE: This format is used to describe the medical facility, equipment, and services, land or sea based, that will be required to support the program/mission.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Include a description of the land-based and sea-based medical facilities, equipment, and services required. Include medical and dental support such as: Dispensaries (military, civilian, dependents), on-site hospitals, ambulance, medical evacuation, health protection, indigenous medical service, and dental services. Also describe special equipment and transportation requirements for mission personnel, medical teams, or medical equipment, e.g., special surgical kits, instruments, helicopter from launch area to hospital, ambulances, etc. Briefly describe the medical team communications requirements. The detailed communications requirements, i.e., type of transmission, format, source, destinations, etc., should be defined in the ground communications UDS Section and referenced to the appropriate requirement item numbers.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3530 - MEDICAL - FACILITY, EQUIPMENT, SERVICES

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

CLASSIFICATION: * * * * * * UDS 3530 R
JAN90

FORMAT 3600 - PUBLIC AFFAIRS SERVICES

NOTE: This format is used to describe procedures for receiving and disseminating general program/mission information to news media representatives and to other Support Agencies.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( ):
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. Enter general information concerning Public Affairs Services. Include such areas as oral communications, radio and television, motion picture, news media, special releases, etc., connected with public affairs.

Enter the overall schedule of public affairs events that will be covered. Specific requirements must be entered on applicable forms to receive support such as communications, facilities, photography, etc., and may be referenced herein.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3600 - PUBLIC AFFAIRS SERVICES

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

CLASSIFICATION: * * * * * * UDS 3600 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3610 - PUBLIC AFFAIRS SERVICES - PERSONNEL ASSIGNMENTS

NOTE: This format is used to list the locations and numbers of personnel required for coverage of Public Affairs events. Services and other requirements for support of Public Affairs personnel will be entered in the appropriate UDS Sections of the document.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

LOCATION:
Enter the location where the duties will be performed.

NUMBER:
Enter the number of persons who will be performing the duties.

ORGANIZATION:
Enter the name of the organization providing the personnel.

PURPOSE/REMARKS:
Enter the purpose for the Public Affairs events and any remarks that will further clarify entries.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3610 - PUBLIC AFFAIRS SERVICES - PERSONNEL ASSIGNMENTS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

LOCATION:

NUMBER:

ORGANIZATION:

REMARKS:

CLASSIFICATION: * * * * * * UDS 3610 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 3620 - PUBLIC AFFAIRS SERVICES - NEWS MEDIA PERSONNEL POSITIONS

NOTE: This format is used to list the personnel assigned for news media coverage at various locations. It also establishes the requirement for news media personnel escorts at these locations. Services and other requirements for support Public Affairs personnel will be entered in the appropriate UDS Sections of the document.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

LOCATION:
Enter the location where the news media coverage will occur.

NUMBER:
Enter the number of news media personnel required at this location.

DUTIES OR RESPONSIBILITIES:
Enter the duties or the responsibilities of the personnel listed under NUMBER entry such as voice commentator, cameraman, soundman, etc.

TYPE OF COVERAGE:
Enter the type of coverage to be given, i.e., TV, radio, photo, etc.

ESCORT:
Enter a statement as to whether or not an escort is required.

TIME:
Enter the arrival and departure time of the news media personnel.

REMARKS:
Enter any remarks necessary to clarify entries made.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

3620 - PUBLIC AFFAIRS SERVICES - NEWS MEDIA PERSONNEL POSITIONS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

LOCATION:

NUMBER:

DUTIES OR RESPONSIBILITIES:

TYPE OF COVERAGE:

ESCORT:

TIME

ARRIVAL:
DEPARTURE:

REMARKS:

CLASSIFICATION: * * * * * * UDS 3620 R
JAN90

FORMAT 4000 - DATA COORDINATE SYSTEMS DESCRIPTIONS

NOTE: This format is used to detail coordinate system(s) required.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( ):
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. Enter the rectangular or curvilinear coordinate system(s) required and give the origin and orientation of the major axes. If origin is defined with respect to an event, give an alternate for use if the designated event does not occur or is not identified in data records.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

4000 - DATA COORDINATE SYSTEMS DESCRIPTION

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

CLASSIFICATION: * * * * * * UDS 4000 R
JAN90

FORMAT 4100 - DATA COMPUTER PROCESSING SPECIFICATIONS

NOTE: This format is used to list the general data processing requirements not covered by Formats 4110 or 4160. Disposition of the data will be listed in the data disposition section of the document.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( ):
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. Enter the requirements for data computer processing.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

4100 - DATA COMPUTER PROCESSING SPECIFICATIONS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

CLASSIFICATION: * * * * * * UDS 4100 R
JAN90

FORMAT 4110 - DATA COMPUTER PROCESSING SPECIFICATIONS - DETAIL

NOTE: This format is used to list the general data processing requirements. The disposition of these data will be listed in the data disposition section of this document.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

DATA DESCRIPTION:
Enter the type of data to be processed.

SECURITY CLASSIFICATION:
Enter the security classification of the data.

PROCESSING TIME:
Enter the time (Zulu or flight time) to begin (FROM) and stop (TO) processing.

DATA SAMPLE RATE:
Enter the rate at which the data will be sampled and stored on magnetic tape or disk.

DATA PLOT OR PRINT RATE:
Enter the rate at which the data will be taken from the sampled data, plotter, or printer.

REFERENCE:
Enter the UDS Section number and requirement Item number (from UDS Sections 2100-3620) where the requirement is listed. List the agency designator with the requirement Item number portion of the entry.

TYPE PRESENTATION:
Enter the type of presentation of the data (magnetic tape, film plot, hard-copy plot, printout, etc.).

DATA FORMAT - GENERAL INSTRUCTIONS:
Enter all special data formats for general instructions which are needed to further define the specifications of the processed data.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

4110 - DATA COMPUTER PROCESSING SPECIFICATIONS - DETAIL

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

DATA DESCRIPTION:

SECURITY CLASSIFICATION:

PROCESSING TIME

FROM:
TO:

DATA SAMPLE RATE:

DATA PLOT OR PRINT RATE:

REFERENCE

UDS SECTION NUMBER:
ITEM NUMBER:

TYPE PRESENTATION:

DATA FORMAT - GENERAL INSTRUCTIONS:

FORMAT 4160 - DATA PROCESSING - OTHER

NOTE: This format is used to describe derivative or special handling of measurement data not readily or adequately defined on requirement Formats 2100 through 3620 such as computer programs, graphical presentations, preferred methods of processing data, special formulas or desired calculations, etc.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

DATA:
Enter the data for which the special processing is required.

REFERENCE:
Enter the UDS Section number and requirement Item number (from UDS Sections 2100-3620) where the data collection requirement appears.

TIME INTERVAL:
Enter the time interval between consecutive prints on which data are required.

TIME REQUIRED:
Indicate the number of hours (H), days (D), or workdays (WD) after the test (T-0) that the data are required.

DATA PRESENTATION AND REMARKS:
Describe the special data processing/presentation required, such as special formats in tabular data, graphical data, magnetic tapes, etc. For other than standard presentations, a complete description should be furnished. (Deviations from normal presentations will require lead time for computer programming and cause longer elapsed time due to special handling.)

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

4160 - DATA PROCESSING - OTHER

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

DATA:

REFERENCE

UDS SECTION NUMBER:
ITEM NUMBER:

TIME INTERVAL:

TIME REQUIRED:

DATA PRESENTATION AND REMARKS:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 4200 - DATA DISPOSITION

NOTE: This format is used to list the general requirements for disposition of test evaluation data which have been established in the document.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( ):
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. Enter a description of test evaluation data disposition requirements. Insure that the complete address of the data recipient is included on this UDS Format.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

4200 - DATA DISPOSITION

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

CLASSIFICATION: * * * * * * UDS 4200 R
JAN90

FORMAT 4205 - DATA DISPOSITION - REPORTS

NOTE: This format is used for specifying requirements for the reproduction and distribution of test data reports resulting from requirements stated on Formats in the document. These reports include, but are not limited to, tape recordings, photographic records, survey data, meteorological reports, telemetry records, trajectory data, etc.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TYPE REPORT:
Enter the type of report required such as quick-look, preliminary, or final. Quick-look or preliminary is to be presented prior to the final data in either tabular or graphical form. Only that data which at a later time will be incorporated should be included in this category. Final report data constitute the end product required by the range user or other agencies. These data are to be processed, reduced, etc., in a manner prescribed on previous Formats.

TIME REQUIRED:
Enter the time in minutes, hours, days, or workdays after the test that the data are required.

QUANTITY:
Enter the number of reports required.

DATA TYPE:
Enter the type data such as metric, telemetry, etc.

REFERENCE:
Enter the UDS Section number and requirement Item number where the acquisition requirements are listed elsewhere in the document. All data items required must have a reference.

RECIPIENT:
Enter the name and/or code of the person(s) and/or organization(s) which originated the request, followed by the agency code.

REQUIRED FORMAT:
Enter any special requirements for the organization or presentation of the report.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

4205 - DATA DISPOSITION - REPORTS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TYPE REPORT:

TIME REQUIRED:

QUANTITY:

DATA TYPE:

REFERENCE

UDS SECTION NUMBER:
ITEM NUMBER:

RECIPIENT:

REQUIRED FORMAT:

CLASSIFICATION: * * * * * * UDS 4205 R
JAN90

FORMAT 4210 - DATA DISPOSITION - DETAIL - METRIC TRACKING

NOTE: This format is used to list the disposition of metric tracking data other than realtime, the requirements for which have been established elsewhere in the document. This format may be divided into specific subsection, as required, for particular programs. These subsections may be broken down by mission phase, e.g., prelaunch, launch, midcourse, orbital and space, terminal, and signature. The organizaton of this format must be consistent with the data breakout where the requirement was established in the document.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

DATA TYPE:
Enter the type of data to be handled using standard data nomenclature when applicable. Reference RCC Document 501, Supplement 1, Uniform Test Data and Data Product Nomenclature.

REFERENCE:
Enter the UDS Section number and requirement Item number where the data acquisition requirements are listed elsewhere in this document. All data items required must have a reference.

DISTRIBUTION:
Enter the organization and code of the office assigned as the central distribution point for the data. This office must be contacted if problems arise in data distribution.

QUANTITY:
Enter the number of original data records required. If more than one original is needed, explain the need under REMARKS entry. Enter the number of copies of prints needed.

RECIPIENT:
Enter the name and code of the person(s) and organization(s) which originated the request, followed by the agency code in parentheses. This agency or person will receive the data from the distributor listed in distribution entry. Include the complete abbreviated address of the data recipients.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

4210 - DATA DISPOSITION - DETAIL - METRIC TRACKING

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

DATA TYPE:

REFERENCE

UDS SECTION NUMBER:
ITEM NUMBER:

DISTRIBUTION:

QUANTITY

ORIGINALS:
COPIES:

RECIPIENT:

TIME REQUIRED:

REMARKS:

CLASSIFICATION: * * * * * * UDS 4210 R
JAN90

FORMAT 4210 - DATA DISPOSITION - DETAIL - METRIC TRACKING (CONT'D)

TIME REQUIRED:
Enter the time in hours, up to 24 hours, and in days as indicated below. This is the time required for receipt of the data by the recipient.

"H" meaning consecutive Hours from T-0.

"WD" meaning Work Days from T-0; Saturday, Sunday and holidays are not included in these time periods.

"CD" meaning Calendar Days from T-0; Saturday, Sunday and holidays are included in this processing time.

"W/A" meaning When the data is Available.

"EOM+___" (enter number of days) meaning the number of days from mission termination (End Of Mission) when the data are required.

"SD+___" (enter number of days) meaning the number of days after the Ship on which the Data were generated has returned to port.

"AOV" meaning after Arrival Of Vehicle.

"EOS+___" (enter number of days) meaning the number of days after the End Of Support.

"E+___" (enter number of days) meaning the number of days after the Event.

"R+___" (enter number of days) meaning the number of days after Receipt of the material.

REMARKS:
Enter any remarks necessary to clarify entries made.

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 4211 - DATA DISPOSITION - DETAIL - TELEMETRY

NOTE: This format is used to list the disposition of telemetry data other than realtime, the requirements for which have been established elsewhere in the document. This format may be divided into specific subsection, as required, for particular programs. These subsections may be broken down by mission phase, e.g., prelaunch, launch, midcourse, orbital and space, terminal, and signature. The organizaton of this format must be consistent with the data breakout where the requirement was established in the document.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

DATA TYPE:
Enter the type of data to be handled using standard data nomenclature when applicable. Reference RCC Document 501, Supplement 1, Uniform Test Data and Data Product Nomenclature.

REFERENCE:
Enter the UDS Section number and requirement Item number where the data acquisition requirements are listed elsewhere in this document. All data items required must have a reference.

DISTRIBUTION:
Enter the organization and code of the office assigned as the central distribution point for the data. This office must be contacted if problems arise in data distribution.

QUANTITY:
Enter the number of original data records required. If more than one original is needed, explain the need under REMARKS entry. Enter the number of copies of prints needed.

RECIPIENT:
Enter the name and code of the person(s) and organization(s) which originated the request, followed by the agency code in parentheses. This agency or person will receive the data from the distributor listed in distribution entry. Include the complete abbreviated address of the data recipients.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

4211 - DATA DISPOSITION - DETAIL - TELEMETRY

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

DATA TYPE:

REFERENCE

UDS SECTION NUMBER:
ITEM NUMBER:

DISTRIBUTION:

QUANTITY

ORIGINALS:
COPIES:

RECIPIENT:

TIME REQUIRED:

REMARKS:

CLASSIFICATION: * * * * * * UDS 4211 R
JAN90

FORMAT 4211 - DATA DISPOSITION - DETAIL - TELEMETRY (CONT'D)

TIME REQUIRED:
Enter the time in hours, up to 24 hours, and in days as indicated below. This is the time required for receipt of the data by the recipient.

"H" meaning consecutive Hours from T-0.

"WD" meaning Work Days from T-0; Saturday, Sunday and holidays are not included in these time periods.

"CD" meaning Calendar Days from T-0; Saturday, Sunday and holidays are included in this processing time.

"W/A" meaning When the data is Available.

"EOM+___" (enter number of days) meaning the number of days from mission termination (End Of Mission) when the data are required.

"SD+___" (enter number of days) meaning the number of days after the Ship on which the Data were generated has returned to port.

"AOV" meaning after Arrival Of Vehicle.

"EOS+___" (enter number of days) meaning the number of days after the End Of Support.

"E+___" (enter number of days) meaning the number of days after the Event.

"R+___" (enter number of days) meaning the number of days after Receipt of the material.

REMARKS:
Enter any remarks necessary to clarify entries made.

FORMAT 4214 - DATA DISPOSITION - ENVIRONMENTAL

NOTE: This format is used to list the disposition of Environmental data other than realtime, the requirements for which have been established elsewhere in the document. This format may be divided into specific subsection, as required, for particular programs. These subsections may be broken down by mission phase, e.g., prelaunch, launch, midcourse, orbital and space, terminal, and signature. The organizaton of this format must be consistent with the data breakout where the requirement was established in the document.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

DATA TYPE:
Enter the type of data to be handled using standard data nomenclature when applicable. Reference RCC Document 501, Supplement 1, Uniform Test Data and Data Product Nomenclature.

REFERENCE:
Enter the UDS Section number and requirement Item number where the data acquisition requirements are listed elsewhere in this document. All data items required must have a reference.

DISTRIBUTION:
Enter the organization and code of the office assigned as the central distribution point for the data. This office must be contacted if problems arise in data distribution.

QUANTITY:
Enter the number of original data records required. If more than one original is needed, explain the need under REMARKS entry. Enter the number of copies of prints needed.

RECIPIENT:
Enter the name and code of the person(s) and organization(s) which originated the request, followed by the agency code in parentheses. This agency or person will receive the data from the distributor listed in distribution entry. Include the complete abbreviated address of the data recipients.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

4214 - DATA DISPOSITION - ENVIRONMENTAL

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

DATA TYPE:

REFERENCE

UDS SECTION NUMBER:
ITEM NUMBER:

DISTRIBUTION:

QUANTITY

ORIGINALS:
COPIES:

RECIPIENT:

TIME REQUIRED:

REMARKS:

FORMAT 4214 - DATA DISPOSITION - ENVIRONMENTAL (CONT'D)

TIME REQUIRED:
Enter the time in hours, up to 24 hours, and in days as indicated below. This is the time required for receipt of the data by the recipient.

"H" meaning consecutive Hours from T-0.

"WD" meaning Work Days from T-0; Saturday, Sunday and holidays are not included in these time periods.

"CD" meaning Calendar Days from T-0; Saturday, Sunday and holidays are included in this processing time.

"W/A" meaning When the data is Available.

"EOM+___" (enter number of days) meaning the number of days from mission termination (End Of Mission) when the data are required.

"SD+___" (enter number of days) meaning the number of days after the Ship on which the Data were generated has returned to port.

"AOV" meaning after Arrival Of Vehicle.

"EOS+___" (enter number of days) meaning the number of days after the End Of Support.

"E+___" (enter number of days) meaning the number of days after the Event.

"R+___" (enter number of days) meaning the number of days after Receipt of the material.

REMARKS:
Enter any remarks necessary to clarify entries made.

FORMAT 4215 - DATA DISPOSITION - DETAIL - VOICE/TV RECORDING

NOTE: This format is used to list the disposition of Voice/TV Recording data other than realtime, the requirements for which have been established elsewhere in the document. This format may be divided into specific subsection, as required, for particular programs. These subsections may be broken down by mission phase, e.g., prelaunch, launch, midcourse, orbital and space, terminal, and signature. The organizaton of this format must be consistent with the data breakout where the requirement was established in the document.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

DATA TYPE:
Enter the type of data to be handled using standard data nomenclature when applicable. Reference RCC Document 501, Supplement 1, Uniform Test Data and Data Product Nomenclature.

REFERENCE:
Enter the UDS Section number and requirement Item number where the data acquisition requirements are listed elsewhere in this document. All data items required must have a reference.

DISTRIBUTION:
Enter the organization and code of the office assigned as the central distribution point for the data. This office must be contacted if problems arise in data distribution.

QUANTITY:
Enter the number of original data records required. If more than one original is needed, explain the need under REMARKS entry. Enter the number of copies of prints needed.

RECIPIENT:
Enter the name and code of the person(s) and organization(s) which originated the request, followed by the agency code in parentheses. This agency or person will receive the data from the distributor listed in distribution entry. Include the complete abbreviated address of the data recipients.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

4215 - DATA DISPOSITION - DETAIL - VOICE/TV RECORDING

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

DATA TYPE:

REFERENCE

UDS SECTION NUMBER:
ITEM NUMBER:

DISTRIBUTION:

QUANTITY

ORIGINALS:
COPIES:

RECIPIENT:

TIME REQUIRED:

REMARKS:

CLASSIFICATION: * * * * * * UDS 4215 R
JAN90

FORMAT 4215 - DATA DISPOSITION - DETAIL - VOICE/TV RECORDING (CONT'D)

TIME REQUIRED:
Enter the time in hours, up to 24 hours, and in days as indicated below. This is the time required for receipt of the data by the recipient.

"H" meaning consecutive Hours from T-0.

"WD" meaning Work Days from T-0; Saturday, Sunday and holidays are not included in these time periods.

"CD" meaning Calendar Days from T-0; Saturday, Sunday and holidays are included in this processing time.

"W/A" meaning When the data is Available.

"EOM+___" (enter number of days) meaning the number of days from mission termination (End Of Mission) when the data are required.

"SD+___" (enter number of days) meaning the number of days after the Ship on which the Data were generated has returned to port.

"AOV" meaning after Arrival Of Vehicle.

"EOS+___" (enter number of days) meaning the number of days after the End Of Support.

"E+___" (enter number of days) meaning the number of days after the Event.

"R+___" (enter number of days) meaning the number of days after Receipt of the material.

REMARKS:
Enter any remarks necessary to clarify entries made.

FORMAT 4216 - DATA DISPOSITION - DETAIL - PHOTOGRAPHIC

NOTE: This format is used to list the disposition of Photographic data, the requirements for which have been established elsewhere in the document. This format may be divided into specific subsection, as required, for particular programs. These subsections may be broken down by mission phase, e.g., prelaunch, launch, midcourse, orbital and space, terminal, and signature. The organizaton of this format must be consistent with the data breakout where the requirement was established in the document.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

DATA TYPE:
Enter the type of data to be handled using standard data nomenclature when applicable. Reference RCC Document 501, Supplement 1, Uniform Test Data and Data Product Nomenclature.

REFERENCE:
Enter the UDS Section number and requirement Item number where the data acquisition requirements are listed elsewhere in this document. All data items required must have a reference.

DISTRIBUTION:
Enter the organization and code of the office assigned as the central distribution point for the data. This office must be contacted if problems arise in data distribution.

QUANTITY:
Enter the number of original data records required. If more than one original is needed, explain the need under REMARKS entry. Enter the number of copies of prints needed.

RECIPIENT:
Enter the name and code of the person(s) and organization(s) which originated the request, followed by the agency code in parentheses. This agency or person will receive the data from the distributor listed in distribution entry. Include the complete abbreviated address of the data recipients.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

4216 - DATA DISPOSITION - DETAIL - PHOTOGRAPHIC

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

DATA TYPE:

REFERENCE

UDS SECTION NUMBER:
ITEM NUMBER:

DISTRIBUTION:

QUANTITY

ORIGINALS:
COPIES:

RECIPIENT:

TIME REQUIRED:

REMARKS:

CLASSIFICATION: * * * * * * UDS 4216 R JAN90

FORMAT 4216 - DATA DISPOSITION - DETAIL - PHOTOGRAPHIC (CONT'D)

TIME REQUIRED:
Enter the time in hours, up to 24 hours, and in days as indicated below. This is the time required for receipt of the data by the recipient.

"H" meaning consecutive Hours from T-0.

"WD" meaning Work Days from T-0; Saturday, Sunday and holidays are not included in these time periods.

"CD" meaning Calendar Days from T-0; Saturday, Sunday and holidays are included in this processing time.

"W/A" meaning When the data is Available.

"EOM+___" (enter number of days) meaning the number of days from mission termination (End Of Mission) when the data are required.

"SD+___" (enter number of days) meaning the number of days after the Ship on which the Data were generated has returned to port.

"AOV" meaning after Arrival Of Vehicle.

"EOS+___" (enter number of days) meaning the number of days after the End Of Support.

"E+___" (enter number of days) meaning the number of days after the Event.

"R+___" (enter number of days) meaning the number of days after Receipt of the material.

REMARKS:
Enter any remarks necessary to clarify entries made.

FORMAT 4217 - DATA DISPOSITION - DETAIL - METEOROLOGICAL

NOTE: This format is used to list the disposition of Meteorological data other than realtime, the requirements for which have been established elsewhere in the document. This format may be divided into specific subsection, as required, for particular programs. These subsections may be broken down by mission phase, e.g., prelaunch, launch, midcourse, orbital and space, terminal, and signature. The organizaton of this format must be consistent with the data breakout where the requirement was established in the document.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

DATA TYPE:
Enter the type of data to be handled using standard data nomenclature when applicable. Reference RCC Document 501, Supplement 1, Uniform Test Data and Data Product Nomenclature.

REFERENCE:
Enter the UDS Section number and requirement Item number where the data acquisition requirements are listed elsewhere in this document. All data items required must have a reference.

DISTRIBUTION:
Enter the organization and code of the office assigned as the central distribution point for the data. This office must be contacted if problems arise in data distribution.

QUANTITY:
Enter the number of original data records required. If more than one original is needed, explain the need under REMARKS entry. Enter the number of copies of prints needed.

RECIPIENT:
Enter the name and code of the person(s) and organization(s) which originated the request, followed by the agency code in parentheses. This agency or person will receive the data from the distributor listed in distribution entry. Include the complete abbreviated address of the data recipients.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

4217 - DATA DISPOSITION - DETAIL - METEOROLOGICAL

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

DATA TYPE:

REFERENCE

UDS SECTION NUMBER:
ITEM NUMBER:

DISTRIBUTION:

QUANTITY

ORIGINALS:
COPIES:

RECIPIENT:

TIME REQUIRED:

REMARKS:

CLASSIFICATION: * * * * * * UDS 4217 R
JAN90

FORMAT 4217 - DATA DISPOSITION - DETAIL - METEOROLOGICAL (CONT'D)

TIME REQUIRED:
Enter the time in hours, up to 24 hours, and in days as indicated below. This is the time required for receipt of the data by the recipient.

"H" meaning consecutive Hours from T-0.

"WD" meaning Work Days from T-0; Saturday, Sunday and holidays are not included in these time periods.

"CD" meaning Calendar Days from T-0; Saturday, Sunday and holidays are included in this processing time.

"W/A" meaning When the data is Available.

"EOM+___" (enter number of days) meaning the number of days from mission termination (End Of Mission) when the data are required.

"SD+___" (enter number of days) meaning the number of days after the Ship on which the Data were generated has returned to port.

"AOV" meaning after Arrival Of Vehicle.

"EOS+___" (enter number of days) meaning the number of days after the End Of Support.

"E+___" (enter number of days) meaning the number of days after the Event.

"R+___" (enter number of days) meaning the number of days after Receipt of the material.

REMARKS:
Enter any remarks necessary to clarify entries made.

FORMAT 4218 - DATA DISPOSITION - DETAIL - COMPUTER PROCESSING

NOTE: This format is used to list the disposition of Computer Processing data other than realtime, the requirements for which have been established elsewhere in the document. This format may be divided into specific subsection, as required, for particular programs. These subsections may be broken down by mission phase, e.g., prelaunch, launch, midcourse, orbital and space, terminal, and signature. The organizaton of this format must be consistent with the data breakout where the requirement was established in the document.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

DATA TYPE:
Enter the type of data to be handled using standard data nomenclature when applicable. Reference RCC Document 501, Supplement 1, Uniform Test Data and Data Product Nomenclature.

REFERENCE:
Enter the UDS Section number and requirement Item number where the data acquisition requirements are listed elsewhere in this document. All data items required must have a reference.

DISTRIBUTION:
Enter the organization and code of the office assigned as the central distribution point for the data. This office must be contacted if problems arise in data distribution.

QUANTITY:
Enter the number of original data records required. If more than one original is needed, explain the need under REMARKS entry. Enter the number of copies of prints needed.

RECIPIENT:
Enter the name and code of the person(s) and organization(s) which originated the request, followed by the agency code in parentheses. This agency or person will receive the data from the distributor listed in distribution entry. Include the complete abbreviated address of the data recipients.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

4218 - DATA DISPOSITION - DETAIL - COMPUTER PROCESSING

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

DATA TYPE:

REFERENCE

UDS SECTION NUMBER:
ITEM NUMBER:

DISTRIBUTION:

QUANTITY

ORIGINALS:
COPIES:

RECIPIENT:

TIME REQUIRED:

REMARKS:

CLASSIFICATION: * * * * * * UDS 4218 R
JAN90

FORMAT 4218 - DATA DISPOSITION - DETAIL - COMPUTER PROCESSING (CONT'D)

TIME REQUIRED:
Enter the time in hours, up to 24 hours, and in days as indicated below. This is the time required for receipt of the data by the recipient.

"H" meaning consecutive Hours from T-0.

"WD" meaning Work Days from T-0; Saturday, Sunday and holidays are not included in these time periods.

"CD" meaning Calendar Days from T-0; Saturday, Sunday and holidays are included in this processing time.

"W/A" meaning When the data is Available.

"EOM+___" (enter number of days) meaning the number of days from mission termination (End Of Mission) when the data are required.

"SD+___" (enter number of days) meaning the number of days after the Ship on which the Data were generated has returned to port.

"AOV" meaning after Arrival Of Vehicle.

"EOS+___" (enter number of days) meaning the number of days after the End Of Support.

"E+___" (enter number of days) meaning the number of days after the Event.

"R+___" (enter number of days) meaning the number of days after Receipt of the material.

REMARKS:
Enter any remarks necessary to clarify entries made.

FORMAT 4219 - DATA DISPOSITION - DETAIL - MISCELLANEOUS

NOTE: This format is used to list the disposition of Miscellaneous data other than realtime, the requirements for which have been established elsewhere in the document. This format may be divided into specific subsection, as required, for particular programs. These subsections may be broken down by mission phase, e.g., prelaunch, launch, midcourse, orbital and space, terminal, and signature. The organizaton of this format must be consistent with the data breakout where the requirement was established in the document.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

DATA TYPE:
Enter the type of data to be handled using standard data nomenclature when applicable. Reference RCC Document 501, Supplement 1, Uniform Test Data and Data Product Nomenclature.

REFERENCES:
Enter the UDS Section number and requirement Item number where the data acquisition requirements are listed elsewhere in this document. All data items required must have a reference.

DISTRIBUTION:
Enter the organization and code of the office assigned as the central distribution point for the data. This office must be contacted if problems arise in data distribution.

QUANTITY:
Enter the number of original data records required. If more than one original is needed, explain the need under REMARKS entry. Enter the number of copies of prints needed.

RECIPIENT:
Enter the name and code of the person(s) and organization(s) which originated the request, followed by the agency code in parentheses. This agency or person will receive the data from the distributor listed in distribution entry. Include the complete abbreviated address of the data recipients.

continued

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

4219 - DATA DISPOSITION - DETAIL - MISCELLANEOUS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

DATA TYPE:

REFERENCE

UDS SECTION NUMBER:
ITEM NUMBER:

DISTRIBUTION:

QUANTITY

ORIGINALS:
COPIES:

RECIPIENT:

TIME REQUIRED:

REMARKS:

CLASSIFICATION: * * * * * * UDS 4219 R
JAN90

FORMAT 4219 - DATA DISPOSITION - DETAIL - MISCELLANEOUS (CONT'D)

TIME REQUIRED:
Enter the time in hours, up to 24 hours, and in days as indicated below. This is the time required for receipt of the data by the recipient.

"H" meaning consecutive Hours from T-0.

"WD" meaning Work Days from T-0; Saturday, Sunday and holidays are not included in these time periods.

"CD" meaning Calendar Days from T-0; Saturday, Sunday and holidays are included in this processing time.

"W/A" meaning When the data is Available.

"EOM+___" (enter number of days) meaning the number of days from mission termination (End Of Mission) when the data are required.

"SD+___" (enter number of days) meaning the number of days after the Ship on which the Data were generated has returned to port.

"AOV" meaning after Arrival Of Vehicle.

"EOS+___" (enter number of days) meaning the number of days after the End Of Support.

"E+___" (enter number of days) meaning the number of days after the Event.

"R+___" (enter number of days) meaning the number of days after Receipt of the material.

REMARKS:
Enter any remarks necessary to clarify entries made.

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 5000 - BASE FACILITIES/LOGISTICS

NOTE: This format is used by the Requesting Agency to request base facilities and logistics support.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( ):
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. Outline the general requirements and Requesting Agency concept of support required to include the extent of general support facilities, logistics, and may list overall personnel assignment schedules, transportation types, all types of services, laboratories, maintenance and any support not covered by UDS Sections 5100 through 5999.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5000 - BASE FACILITIES/LOGISTICS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

PRD/QR PREPARATION INSTRUCTIONS

FORMAT 5100 - PERSONNEL ASSIGNMENT SCHEDULES

NOTE: This format is used by the Requesting Agency to show personnel deployment requirements in connection with the program.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( ):
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. Specify the number and type of personnel, the location and the duration of the assignments. Formats 5110 and 5120 will specify detailed scheduling.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5100 - PERSONNEL ASSIGNMENT SCHEDULES

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

CLASSIFICATION: * * * * * * UDS 5100 R
JAN90

PRD/QR PREPARATION INSTRUCTIONS

FORMAT 5110 - PERSONNEL ASSIGNMENT SCHEDULES - DETAIL

NOTE: This format is used to show categorized Requesting Agency personnel deployment requirements in connection with the program. This information is required to allow planning for housing, messing, medical care, recreation and other general or base support services for personnel assigned to or meeting at the various locations.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

LOCATION:
Enter the location within the agency (or other locations) where personnel will be assigned or will visit. See instructions below concerning workers living in one area and commuting to another for work.

PERSONNEL CATEGORY (YEAR 1):
The various categories of personnel that may be assigned in connection with the test program are listed under this entry. If other categories are applicable, appropriate substitutions or additions can be made. Enter in the appropriate CY entries, by months, the number of personnel assigned to the location shown under LOCATION entry. In cases where personnel live at one location and commute daily to another for duty, enter an asterisk or other designator under "TOTAL" line; also enter clarifying notes under REMARKS entry showing the work locations and number of personnel commuting to and from the location shown.

TOTAL: Enter the total personnel deployment for each month.

REMARKS: Provide additional information which may affect planning such as requirements relating to special personnel accommodations, commuters and dependents, etc. Enter number of school age dependents in kindergarten, grade school and high school.

PERSONNEL CATEGORY (ADDITIONAL YEARS):
The various categories of personnel that may be assigned in connection with the test program are listed under this entry. If other categories are applicable, appropriate substitutions or additions can be made. Enter in the appropriate CY entries, by quarters, the number of personnel assigned to the location shown under LOCATION entry. In cases where personnel live at one location and commute daily to another for duty, enter an asterisk or other designator under "TOTAL" line; also enter clarifying notes under REMARKS entry showing the work locations and number of personnel commuting to and from the location shown.

TOTAL:
Enter the total personnel deployment for each quarter.

REMARKS:
Provide additional information which may affect planning such as requirements relating to special personnel accommodations, commuters and dependents, etc. Enter number of school age dependents in kindergarten, grade school and high school.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5110 - PERSONNEL ASSIGNMENT SCHEDULES - DETAIL

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

LOCATION:

PERSONNEL CATEGORY (YEAR 1)

	CY: (Month):	1	2	3	4	5	6	7	8	9	10	11	12
CONTRACTOR													
ADMINISTRATIVE:													
ENGINEERING:													
TECHNICIAN:													
CIVIL SERVICE													
ADMINISTRATIVE:													
ENGINEERING:													
TECHNICIAN:													
MILITARY													
OFFICERS:													
ENLISTED:													
TRANSIENTS													
CONTRACTOR:													
CIVIL SERVICE:													
MILITARY:													
TOTAL													

REMARKS:

CLASSIFICATION: * * * * * * UDS 5110 R
JAN90

5110 - PERSONNEL ASSIGNMENT SCHEDULES - DETAIL (CONT'D)

PERSONNEL CATEGORY (ADDITIONAL YEARS)

	CY:				CY:			
(QTR):	1	2	3	4	1	2	3	4
CONTRACTOR	--	--	--	--	--	--	--	--
ADMINISTRATIVE:								
ENGINEERING:								
TECHNICIAN:								
CIVIL SERVICE								
ADMINISTRATIVE:								
ENGINEERING:								
TECHNICIAN:								
MILITARY								
OFFICERS:								
ENLISTED:								
TRANSIENTS								
CONTRACTOR:								
CIVIL SERVICE:								
MILITARY:								
TOTAL								

REMARKS:

FORMAT 5120 - PERSONNEL ASSIGNMENT SCHEDULES - HOUSING

NOTE: This format is used to show the quarters required for Requesting Agency personnel deployed in connection with the program. This information is required to allow planning for housing and other general or base support services for personnel assigned to or meeting at the various locations.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

LOCATION:
Enter the Support Agency location (or other locations) where personnel will be permanently or temporarily assigned.

TYPE OF QUARTERS BY PERSONNEL CATEGORY:
The type of quarters (houses, trailers, bachelor quarters bed spaces, or barrack bed spaces) and personnel category (general officer, field grade, company grade, etc.) that may be required in connection with the test program are listed under this entry. If other types/categories are applicable, appropriate substitution or additions may be made. Enter in the appropriate entries, by months, the number of quarters required at the location shown under LOCATION entry. Use separate formats for additional years.

REMARKS:
Provide additional information which may affect planning such as requirements relating to special personnel accommodations, gender, commuters and dependents, etc.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5120 - PERSONNEL ASSIGNMENT SCHEDULES - HOUSING

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
LOCATION:

TYPE OF QUARTERS	PERSONNEL CATEGORY	NUMBER OF QUARTERS REQUIRED/MONTH-QTR CY: ____ 1 2 3 4 5 6 7 8 9 10 11 12
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REMARKS:

CLASSIFICATION: * * * * * * UDS 5120 R
JAN90

PRD/QR PREPARATION INSTRUCTIONS

FORMAT 5200 - TRANSPORTATION

NOTE: This format is used by the Requesting Agency to specify general transportation requirements. Specific requirements and schedules are contained on Formats 5210 and 5220.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( ):
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. Define the general transportation requirements.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5200 - TRANSPORTATION

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 5210 - TRANSPORTATION - SURFACE LOGISTICS SCHEDULE

NOTE: This format is used to list all Requesting Agency surface transportation requirements for personnel and cargo between (or to) the various stations or sites. Should the Requesting Agency desire to provide part or all of its own transportation, this should be shown and noted as Requesting Agency provided; in which case, any materials handling or other requirements to be placed on the Support Agency shall be specified. These requirements should cover the period of the program and reflect only those requirements in direct support of the program. Personnel and cargo load will be entered as separate items even if the LOCATION entry is identical.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TRIP FREQUENCY/QTR:
Enter the number of trips anticipated per quarter.

LOCATION:
Enter the name or number of the station, base, center, etc., where the personnel and/or cargo will be transported from and to.

LOAD:
If the load is personnel, enter an "X" in the PERSONNEL entry. If the load is cargo, enter "S/T" (short tons) in CARGO entry for on land or "M/T" (measurement tons) for ship cargo or pounds in the exponential value of "LBS X 10Ex."

NUMBER OF PASSENGERS AND QTY OF CARGO/QTR:
Enter the number of passengers and quantity of cargo to be transported per quarter for the year indicated. If the number or quantity is dependent on the test schedule, enter the value per test and type the notation "per test" after the value entered.

REMARKS:
Enter any remarks necessary to clarify entries made.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5210 - TRANSPORTATION - SURFACE LOGISTICS SCHEDULE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

	CY:				CY:			
	1	2	3	4	1	2	3	4
	---	---	---	---	---	---	---	---

TRIP FREQUENCY/QTR:

LOCATION

FROM:
TO:

LOAD

PERSONNEL:
CARGO:

NUMBER OF PASSENGERS:
QTY OF CARGO/QTR:

REMARKS:

CLASSIFICATION: * * * * * * UDS 5210 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 5220 - TRANSPORTATION - AIR LOGISTICS SCHEDULE

NOTE: This format is used to list all Requesting Agency air transportation requirements of personnel and cargo between (or to) the various stations or sites. Should the Requesting Agency desire to provide part or all of its own transportation, this should be shown and noted as Requesting Agency provided; in which case, any materials handling or other requirements to be placed on the Support Agency shall be specified. These requirements should cover the period of the program and reflect only those requirements in direct support of the program. Personnel and cargo load will be entered as separate items even if the LOCATION entry is identical.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TRIP FREQUENCY/QTR:
Enter the number of trips anticipated per quarter.

LOCATION:
Enter the name or number of the station, base, center, etc., where the personnel and/or cargo will be transported from and to.

LOAD:
If the load is personnel, enter an "X" in the PERSONNEL entry. If the load is cargo, enter the exponential value in "LBS X 10Ex in the CARGO entry.

NUMBER OF PASSENGERS AND QTY OF CARGO/QTR:
Enter the number of passengers and quantity of cargo to be transported per quarter for year indicated. If the number or quantity is dependent on the test schedule, enter the value per test and provide the notation "per test" after the value entered.

REMARKS:
Enter any remarks necessary to clarify entries made.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5220 - TRANSPORTATION - AIR LOGISTICS SCHEDULE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

	CY: 1	2	3	4	CY: 1	2	3	4
TRIP FREQUENCY/QTR:								

LOCATION

FROM:
TO:

LOAD

PERSONNEL:
CARGO:

NUMBER OF PASSENGERS:
QTY OF CARGO/QTR:

REMARKS:

CLASSIFICATION: * * * * * * UDS 5220 R
JAN90

FORMAT 5300 - SERVICES

NOTE: This format is used by the Requesting Agency to list requirements for services not covered elsewhere in the document. This format is used to establish general and specific services. Miscellaneous and other services not covered in succeeding sections should also be identified here. See Formats 5301 through 5399 for guidelines regarding specific services.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( ):
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. Define the general services requirements. Specific services requested must include the following information: Amounts (number of persons, pounds, tons, gallons, square feet, etc., as applicable) for each requirement item for the period it is required. Specify dates (month and year) for the item or service required. When applicable, enter the name of the contractor(s) and contract number(s) for which this service/support is required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5300 - SERVICES

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 5301 - SERVICES - ADMINISTRATIVE, PERSONNEL AND OFFICE

NOTE: This format is used by the Requesting Agency to list requirements for administrative, personnel and office support, and services. Services requested on this format are:

Personnel Services
- Personnel records
- Orders/transportation request

Office Services
- Typing/stenography
- Supplies
- Equipment
- Central mail and files
- Postal/mail distribution
- Reproduction
- Library
- Office Space and Furniture

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TYPE ITEM/SERVICE:
Indicate the required item or service.

RA( ) SA( ):
Indicate whether the item or service entered in the above entry shall be Requesting Agency (RA) or Support Agency (SA) furnished.

DATES OF REQUIRED ITEM/SERVICE:
Enter dates (month and year) for the item or service required.

AMOUNTS OF REQUIRED ITEM/SERVICE:
Enter the amount for each item/service required as applicable.

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:
State briefly the need for service requested and include any clarifying remarks which specifically describe the item and amounts shown in entries above. Should the required service need special instructions, enter these instructions in this entry. When applicable, enter the name of the contractor(s) and contract number(s) for which this service/support is required.

CLASSIFICATION: * * * * * *

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5301 - SERVICES - ADMINISTRATIVE, PERSONNEL AND OFFICE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TYPE ITEM/SERVICE:

RA( ) SA( )

DATES OF REQUIRED ITEM/SERVICE

FROM:
TO:

AMOUNTS OF REQUIRED ITEM/SERVICE:

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 5302 - SERVICES - FIRE AND RESCUE

NOTE: This format is used by the Requesting Agency to list requirements for fire protection and personnel rescue services. Services requested on this format are:

Fire protection/fire suppression
Personnel rescue and recovery
Structural crew
Crash crew
Marine crew
Load crew
Personnel protective equipment
Special equipment

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TYPE ITEM/SERVICE:
Indicate the required item or service.

RA( ) SA( ):
Indicate whether the item or service entered in the above entry shall be Requesting Agency (RA) or Support Agency (SA) furnished.

DATES OF REQUIRED ITEM/SERVICE:
Enter dates (month and year) for the item or service required.

AMOUNTS OF REQUIRED ITEM/SERVICE:
Enter the amount for each item/service required as applicable.

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:
State briefly the need for service requested and include any clarifying remarks which specifically describe the item and amounts shown in entries above. Should the required service need special instructions, enter these instructions in this entry. When applicable, enter the name of the contractor(s) and contract number(s) for which this service/support is required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5302 - SERVICES - FIRE AND RESCUE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TYPE ITEM/SERVICE:

RA( ) SA( )

DATES OF REQUIRED ITEM/SERVICE

FROM:
TO:

AMOUNTS OF REQUIRED ITEM/SERVICE:

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:

CLASSIFICATION: * * * * * * UDS 5302 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 5303 - SERVICES - SECURITY AND SAFETY

NOTE: This format is used by the Requesting Agency to list requirements for security and safety support services. Services requested on this format are:

Security Services
- Clearances
- Access control/facility security
- Classified storage
- Area surveillance/perimeter guards
- Escort security
- Police and traffic control

Safety Services
- Safety monitor and control

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TYPE ITEM/SERVICE:
Indicate the required item or service.

RA( ) SA( ):
Indicate whether the item or service entered in the above entry shall be Requesting Agency (RA) or Support Agency (SA) furnished.

DATES OF REQUIRED ITEM/SERVICE:
Enter dates (month and year) for the item or service required.

AMOUNTS OF REQUIRED ITEM/SERVICE:
Enter the amount for each item/service required as applicable.

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:
State briefly the need for service requested and include any clarifying remarks which specifically describe the item and amounts shown in entries above. Should the required service need special instructions, enter these instructions in this entry. When applicable, enter the name of the contractor(s) and contract number(s) for which this service/support is required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5303 - SERVICES - SECURITY AND SAFETY

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TYPE ITEM/SERVICE:

RA( ) SA( )

DATES OF REQUIRED ITEM/SERVICE

FROM:
TO:

AMOUNTS OF REQUIRED ITEM/SERVICE:

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:

CLASSIFICATION: * * * * * * UDS 5303 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 5304 - SERVICES - COMMUNITY, EDUCATION AND FOOD SERVICE

NOTE 1: This format is used by the Requesting Agency to list requirements for community, education and food services. Services requested on this format are:

- Special Services
  - Recreation
  - Chapel and chaplain
  - Bank
  - Library
  - Retail facilities
  - Exchange facilities
- Schools, Education Services
  - Community presentations, education, nursery, elementry, high
- Food Services
  - Cafeteria restaurant
  - Mobile food service and box lunches

NOTE 2: Operations and technical training requirements and briefings are covered on Format 3450 - OTHER TECHNICAL SUPPORT - TRAINING.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TYPE ITEM/SERVICE:
Indicate the required item or service.

RA( ) SA( ):
Indicate whether the item or service entered in the above entry shall be Requesting Agency (RA) or Support Agency (SA) furnished.

DATES OF REQUIRED ITEM/SERVICE:
Enter dates (month and year) for the item or service required.

AMOUNTS OF REQUIRED ITEM/SERVICE:
Enter the amount for each item/service required as applicable.

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:
State briefly the need for service requested and include any clarifying remarks which specifically describe the item and amounts shown in entries above. Should the required service need special instructions, enter these instructions in this entry. When applicable, enter the name of the contractor(s) and contract number(s) for which this service/support is required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5304 - SERVICES - COMMUNITY, EDUCATION AND FOOD SERVICE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TYPE ITEM/SERVICE:

RA( ) SA( )

DATES OF REQUIRED ITEM/SERVICE

FROM:
TO:

AMOUNTS OF REQUIRED ITEM/SERVICE:

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:

CLASSIFICATION: * * * * * * UDS 5304 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 5305 - SERVICES - UTILITIES (ELECTRICAL, WATER, AND SANITATION)

NOTE: This format is used by the Requesting Agency to list requirements for utilities (electrical, water, and sanitation). Services requested on this format are:

- Electric power
  - 110/440 volts
  - 60/400 hertz
  - Direct current
  - Portable power generators
  - Power converters
- Lighting
  - Facility/portable
- Water
  - Potable/non-potable
- Sanitation
  - Restrooms/portable
  - Trash collection
  - Garbage collection
  - Waste disposal
  - Janitorial services

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TYPE ITEM/SERVICE:
Indicate the required item or service.

RA( ) SA( ):
Indicate whether the item or service entered in the above entry shall be Requesting Agency (RA) or Support Agency (SA) furnished.

DATES OF REQUIRED ITEM/SERVICE:
Enter dates (month and year) for the item or service required.

AMOUNTS OF REQUIRED ITEM/SERVICE:
Enter the amount for each item/service required as applicable.

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:
State briefly the need for service requested and include any clarifying remarks which specifically describe the item and amounts shown in entries above. Should the required service need special instructions, enter these instructions in this entry. When applicable, enter the name of the contractor(s) and contract number(s) for which this service/support is required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5305 - SERVICES - UTILITIES (ELECTRICAL, WATER, AND SANITATION)

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TYPE ITEM/SERVICE:

RA( ) SA( )

DATES OF REQUIRED ITEM/SERVICE

FROM:
TO:

AMOUNTS OF REQUIRED ITEM/SERVICE:

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:

CLASSIFICATION: * * * * * * UDS 5305 R
JAN90

FORMAT 5306 SERVICES - PROCUREMENT, SHIPPING, RECEIVING, AND STOCK CONTROL

NOTE: This format is used by the Requesting Agency to list requirements for procurement, shipping, receiving, and stock control services. Services requested on this format are:

- Document Preparation
  - Requisitions
  - Specifications
  - Purchase orders
  - Work orders
- Contract Administration
- Shipping and Receiving Services
  - Packing and crating
  - Loading and trucking (stevedoring)
- Stock Control Services
  - Invoicing
  - Issue and return
  - Inventory

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TYPE SERVICE:
Indicate the required service.

RA( ) SA( ):
Indicate whether the service entered in the above entry shall be Requesting Agency (RA) or Support Agency (SA) furnished.

DATES OF REQUIRED SERVICE:
Enter dates (month and year) for the service required.

QUANTITY OF REQUIRED SERVICE:
Quantify the service required as applicable.

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:
State briefly the need for service requested and include any clarifying remarks which specifically describe the entries above. Should the required service need special instructions, enter these instructions in this entry. When applicable, enter the name of the contractor(s) and contract number(s) for which this service/support is required. Specific items to be procured should be listed on form 5380.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5306 - SERVICES - PROCUREMENT, SHIPPING, RECEIVING, AND STOCK CONTROL

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TYPE SERVICE:

RA( ) SA( )

DATES OF REQUIRED SERVICE

FROM:
TO:

QUANTITY OF REQUIRED SERVICE:

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:

CLASSIFICATION: * * * * * *

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 5307 - SERVICES - HANDLING, STORAGE, AND DISPOSAL

NOTE: This format is used by the Requesting Agency to list requirements for handling, storage and disposal services. Services requested on this format are:

Storage
Accept, handle and prepare (as a service) items for storage (includes space). Storage space (when not a service) to establish or assign facilities are covered in UDS Section 5600.
Storage and Handling
Warehousing
Space requirements
Equipment required
Special materials storage/handling
Temperature and humidity controlled
Refrigerated
Flammable materials
Explosive devices
Hazardous materials
Ordnance Handling and Storage
Handling of ordnance
Storage of ordnance
Ordnance services, including ordnance disposal and X-ray nondestructive testing

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TYPE ITEM/SERVICE:
Indicate the required item or service.

RA( ) SA( ):
Indicate whether the item or service entered in the above entry shall be Requesting Agency (RA) or Support Agency (SA) furnished.

DATES OF REQUIRED ITEM/SERVICE:
Enter dates (month and year) for the item or service required.

AMOUNTS OF REQUIRED ITEM/SERVICE:
Enter the amount for each item/service required as applicable.

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:
State briefly the need for service requested and include any clarifying remarks which specifically describe the item and amounts shown in entries above. Should the required service need special instructions, enter these instructions in this entry. When applicable, enter the name of the contractor(s) and contract number(s) for which this service/support is required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5307 - SERVICES - HANDLING, STORAGE, AND DISPOSAL

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TYPE ITEM/SERVICE:

RA( ) SA( )

DATES OF REQUIRED ITEM/SERVICE

FROM:
TO:

AMOUNTS OF REQUIRED ITEM/SERVICE:

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:

CLASSIFICATION: * * * * * * UDS 5307 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 5308 - SERVICES - AIR CONDITIONING AND ENVIRONMENTAL OBSERVATIONS

NOTE 1: This format is used by the Requesting Agency to list requirements for air conditioning and environmental observation services. Services requested on this format (indoor and outdoor) are:

Portable air conditioning
Environmental monitoring, recording and sampling
Acoustical monitoring

NOTE 2: Facility and laboratory environmental specifications are covered on Format 5420 - Laboratory - Special Environment.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TYPE ITEM/SERVICE:
Indicate the required item or service.

RA( ) SA( ):
Indicate whether the item or service entered in the above entry shall be Requesting Agency (RA) or Support Agency (SA) furnished.

DATES OF REQUIRED ITEM/SERVICE:
Enter dates (month and year) for the item or service required.

AMOUNTS OF REQUIRED ITEM/SERVICE:
Enter the amount for each item/service required as applicable.

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:
State briefly the need for service requested and include any clarifying remarks which specifically describe the item and amounts shown in entries above. Should the required service need special instructions, enter these instructions in this entry. When applicable, enter the name of the contractor(s) and contract number(s) for which this service/support is required. Include power requirements, airflow, capacity, etc., if known.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5308 - SERVICES - AIR CONDITIONING AND ENVIRONMENTAL OBSERVATIONS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TYPE ITEM/SERVICE:

RA( ) SA( )

DATES OF REQUIRED ITEM/SERVICE

FROM:
TO:

AMOUNTS OF REQUIRED ITEM/SERVICE:

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:

CLASSIFICATION: * * * * * * UDS 5308 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 5309 - SERVICES - PHYSICAL AND/OR LIFE SCIENCE EXPERIMENTS

NOTE: This format is used by the Requesting Agency to list requirements for physical and/or life science experiments. This format covers unique support services not covered in other sections of the UDS outline for processing and handling experiments. Services requested on this format are:

Facilities - Unique support areas such as: User preparation area. X-ray/macrography/ micrography processing area, clinical laboratory, animal holding rooms, and baseline data collection area.

Tools and equipment - balances (including analytical) cold traps - optical microscopes - electron microscopes (SEM & TEM) - optical comparators - metallographic equipment - incubators - surgical tools - osmometers - gurneys - sonic cleaner, glassware

Supplies and Services - chemical supplies/glassware - crucibles - labware - analytical papers - distillation service - presterilized pipettes, disposable - specimen collection supplies - dissecting instruments - bunsen burner and gas supply

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TYPE ITEM/SERVICE:
Indicate the required item or service.

RA( ) SA( ):
Indicate whether the item or service entered in the above entry shall be Requesting Agency (RA) or Support Agency (SA) furnished.

DATES OF REQUIRED ITEM/SERVICE:
Enter dates (month and year) for the item or service required.

AMOUNTS OF REQUIRED ITEM/SERVICE:
Enter the amount for each item/service required as applicable.

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:
State briefly the need for service requested and include any clarifying remarks which specifically describe the item and amounts shown in entries above. Should the required service need special instructions, enter these instructions in this entry. When applicable, enter the name of the contractor(s) and contract number(s) for which this service/support is required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5309 - SERVICES - PHYSICAL AND/OR LIFE SCIENCE EXPERIMENTS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TYPE ITEM/SERVICE:

RA( ) SA( )

DATES OF REQUIRED ITEM/SERVICE

FROM:
TO:

AMOUNTS OF REQUIRED ITEM/SERVICE:

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:

CLASSIFICATION: * * * * * * UDS 5309 R
JAN90

PRD/QR PREPARATION INSTRUCTIONS

FORMAT 5310 - SERVICES - PROPELLANTS, GASES AND CHEMICALS

NOTE: This format is used by the Requesting Agency to list program requirements for propellants, gases and chemicals.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

ITEM NAME/DESIGNATION:
List the test unit propellants, gases, chemicals, lubricants, hydraulic fluids, preservatives, and POL products required. Do not include items that are covered on Format 5320 - Services - Fuels and Lubricants; Format 5330 - Services - Miscellaneous Lubricants, Hydraulic Fluids, Preseratives, Etc. Include solid propellant fuels on this format.

MILITARY SPECIFICATION NUMBER:
Enter the number of the military specification which identifies and defines the item in ITEM NAME/DESIGNATION entry.

FEDERAL STOCK NUMBER:
Enter appropriate number which identifies the item in ITEM NAME/DESIGNATION entry.

RA( ) SA( ):
Indicate whether the item entered in ITEM NAME/DESIGNATION entry shall be Requesting Agency (RA) or Support Agency (SA) furnished.

QUANTITY REQUIRED/QTR:
Estimate the consumption quantity (tons, pounds, gallons, etc.) of the material per quarter for three years, should the program continue that long. Indicate calendar year (CY).

REMARKS:
Enter additional information, as necessary, to clarify the requirements. When applicable, enter the name of the contractor(s) and contract number(s) for which the service/support is required.

NOTE: List any of the following propellants, gases and chemicals or any others required:

Ammonia, Anhydrous (lb)	UDETA (lb)
Aniline (lb)	IRFTNA (lb)
Argon (SCF)	Propane (lb)
Carbon Disulfide (lb)	Methanol (gal)
Ethylene Oxide (lb)	JP-4 (gal)
Freon 12 (lb)	JP-5 (gal)
Furfurai Alcohol (lb)	Hezane (gal)

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5310 - SERVICES - PROPELLANTS, GASES AND CHEMICALS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

ITEM NAME/DESIGNATION:

MILITARY SPECIFICATION NUMBER:

FEDERAL STOCK NUMBER:

RA( ) SA( )

QUANTITY REQUIRED/QTR

CY:				CY:				CY:			
1	2	3	4	1	2	3	4	1	2	3	4
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REMARKS:

CLASSIFICATION: * * * * * * UDS 5310 R
JAN90

PRD/QR PREPARATION INSTRUCTIONS

FORMAT 5320 - SERVICES - FUELS AND LUBRICANTS

NOTE: This format is used to list requirements for aircraft, ground vehicles/equipment and marine fuels.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

ITEM NAME/DESIGNATION:
Enter the types of aircraft, ground vehicles/equipment and marine fuels required for conducting operations at the Support Agency location, such as aviation gas, automotive gas, and diesel fuel. Do not list fuel requirements for any Support Agency operated equipment.

MILITARY SPECIFICATION NUMBER:
Enter the number of the military specification which identifies and defines the item in ITEM NAME/DESIGNATION entry.

FEDERAL STOCK NUMBER:
Enter appropriate number which identifies the item in ITEM NAME/DESIGNATION entry.

RA( ) SA( ):
Indicate whether the item entered in ITEM NAME/DESIGNATION entry shall be Requesting Agency (RA) or Support Agency (SA) furnished.

QUANTITY REQUIRED/QTR:
Estimate the consumption quantity (tons, pounds, gallons, etc.) of the material per quarter for three years, should the program continue that long. Indicate calendar year (CY).

REMARKS:
Enter additional information, as necessary, to clarify the requirements. When applicable, enter the name of the contractor(s) and contract number(s) for which the service/support is required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5320 - SERVICES - FUELS AND LUBRICANTS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

ITEM NAME/DESIGNATION:

MILITARY SPECIFICATION NUMBER:

FEDERAL STOCK NUMBER:

RA( ) SA( )

QUANTITY REQUIRED/QTR

CY:				CY:				CY:			
1	2	3	4	1	2	3	4	1	2	3	4

REMARKS:

CLASSIFICATION: * * * * * * UDS 5320 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 5330 - SERVICES - MISCELLANEOUS LUBRICANTS, HYDRAULIC FLUIDS, PRESERVATIVES, ETC.

NOTE: This format is used to list requirements for miscellaneous lubricants, hydraulic fluids, preservatives, etc., not covered elsewhere in this document.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

ITEM NAME/DESIGNATION:
Enter the types of lubricants, hydraulic fluids, preservatives, etc., required for missile, aircraft, ground vehicle and shop use such as lubricants, cutting oil, paints, solder, greases, solvents, preservatives, hydraulic fluids, hydraulic flushes, primers, welding gases, etc.

MILITARY SPECIFICATION NUMBER:
Enter the number of the military specification which identifies and defines the item in ITEM NAME/DESIGNATION entry.

FEDERAL STOCK NUMBER:
Enter appropriate number which identifies the item in ITEM NAME/DESIGNATION entry.

RA( ) SA( ):
Indicate whether the item entered in ITEM NAME/DESIGNATION entry shall be Requesting Agency (RA) or Support Agency (SA) furnished.

QUANTITY REQUIRED/QTR:
Estimate the consumption quantity (tons, pounds, gallons, etc.) of the material per quarter for three years, should the program continue that long. Indicate calendar year (CY).

REMARKS:
Enter additional information, as necessary, to clarify the requirements. When applicable, enter the name of the contractor(s) and contract number(s) for which the service/support is required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5330 - SERVICES - MISCELLANEOUS LUBRICANTS, HYDRAULIC FLUIDS, PRESERVATIVES, ETC.

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

ITEM NAME/DESIGNATION:

MILITARY SPECIFICATION NUMBER:

FEDERAL STOCK NUMBER:

RA( ) SA( )

QUANTITY REQUIRED/QTR

CY:				CY:				CY:			
1	2	3	4	1	2	3	4	1	2	3	4
---	---	---	---	---	---	---	---	---	---	---	---

REMARKS:

CLASSIFICATION: * * * * * * UDS 5330 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 5340 - SERVICES - VEHICLES AND LAND TRANSPORTATION

NOTE: This format is used by the Requesting Agency to list requirements for vehicles and land transportation.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

ITEM NAME/DESIGNATION:
Enter the name of vehicles required, with appropriate military nomenclature. Service includes buses, taxis, etc. Include in REMARKS if vehicle driver is required. Use Format 5210 - Surface Logistics Schedule, for listing all surface transportation requirements of personnel and cargo.

CAPACITY:
Indicate the capacity in number of passengers, tons, etc.

PURPOSE:
State the purpose for which the vehicle or transportation is required.

PERCENT USED:
Indicate the percentage of use in terms of a 90 day quarter with a 24 hour day (2160 hours).

RA( ) SA( ):
Indicate whether the equipment will be Requesting Agency (RA) or Support Agency (SA) furnished.

NUMBER REQUIRED/QTR:
Enter the number of vehicles of the same class/type required for each quarter of 3 years, should the program continue that long.

REMARKS - SPECIAL INSTRUCTIONS:
If requirement is long term (over 3 years), enter number of vehicles and duration required in this entry. Indicate calendar year (CY). Include any clarifying remarks or instructions which may be appropriate. When applicable, enter the name of the contractor(s) and contract number(s) for which the service/support is required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5340 - SERVICES - VEHICLES AND LAND TRANSPORTATION

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

ITEM NAME/DESIGNATION:

CAPACITY:

PURPOSE:

PERCENT USED:

RA( ) SA( )

NUMBER REQUIRED/QTR

CY:				CY:				CY:			
1	2	3	4	1	2	3	4	1	2	3	4

REMARKS - SPECIAL INSTRUCTIONS:

CLASSIFICATION: * * * * * * UDS 5340 R JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 5341 - SERVICES - GROUND HANDLING EQUIPMENT

NOTE: This format is used by the Requesting Agency to list requirements for ground handling equipment.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

ITEM NAME/DESIGNATION:
Enter the name of equipment and ground power units required, with appropriate military nomenclature, if applicable. Include all heavy equipment such as:

Trailers	Mobile hoist
Tractors	High ranger
Forklifts	Tow tugs
Mobile cranes	Dollies
Weight handling equipment	Canister/transporter

CAPACITY:
Indicate the capacity in number of tons, LVA, etc.

PURPOSE:
State the purpose for which the vehicle or transportation is required.

PERCENT USED:
Indicate the percentage of use in terms of a 90 day quarter with a 24 hour day (2160 hours).

RA( ) SA( ):
Indicate whether the equipment will be Requesting Agency (RA) or Support Agency (SA) furnished.

NUMBER REQUIRED/QTR:
This entry is divided to account for the number of same type equipment required for each quarter of 3 years, should the program continue that long. Indicate calendar year (CY).

REMARKS - SPECIAL INSTRUCTIONS:
If requirement is long term (over 3 years), enter number of equipment and duration required in this entry. Include any clarifying remarks or instructions which may be appropriate. When applicable, enter the name of the contractor(s) and contract number(s) for which the service/support is required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5341 - SERVICES - GROUND HANDLING EQUIPMENT

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

ITEM NAME/DESIGNATION:

CAPACITY:

PURPOSE:

PERCENT USED:

RA( ) SA( )

NUMBER REQUIRED/QTR

CY:				CY:				CY:			
1	2	3	4	1	2	3	4	1	2	3	4
---	---	---	---	---	---	---	---	---	---	---	---

REMARKS - SPECIAL INSTRUCTIONS:

CLASSIFICATION: * * * * * * UDS 5341 R JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 5350 - SERVICES - REQUESTING AGENCY AIRCRAFT

NOTE: This format is used by the Requesting Agency to state requirements for support of its aircraft.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TYPE SERVICE/PURPOSE:
Enter required services and state the need for support not covered elsewhere. Include any modifications to aircraft, equipment to be installed, or special services not covered on Format 5351. Maintenance and calibration requirements for Requesting Agency equipment should be referenced to the appropriate requirement numbers on Format 6010 where the detail maintenance and calibration requirements are documented.

STAGING AREAS AND DATES:
Enter the staging areas where support will be required and the relevant dates by months or quarters and by calendar year.

AIRCRAFT DESCRIPTION:
Enter the type and serial number of the aircraft. Enter the type fuel, oil, and lubricants for servicing the aircraft, if required.

REMARKS:
Enter any remarks necessary to clarify entries made.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5350 - SERVICES - REQUESTING AGENCY AIRCRAFT

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TYPE SERVICE/PURPOSE:

STAGING AREAS AND DATES:

AIRCRAFT DESCRIPTION

TYPE:
SERIAL NO:
FUEL:
OIL:
LUBRICANT:

REMARKS:

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 5351 - SERVICES - AIR OPERATIONS

NOTE: This format is used by the Requesting Agency to list requirements for air operations services not covered elsewhere in the document. Services to be requested on this format are:

Flight Service	Ground Support Service
Tower operations	Fire/crash
Scheduling	Aircraft ground - handling equipment
TACAN	Fueling
Clearance	Aircraft parking
GCA	Terminal Operation
	Aircraft Maintenance
	Rescue

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TYPE SERVICE:
Identify the required service.

DATES:
Enter dates (month and year) the service is required.

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:
State briefly the need for the service requested and include any clarifying remarks. Should the required service need special instructions, enter these instructions in this entry. When applicable, enter the name of the contractor(s) and contract number(s) for which this service/support is required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5351 - SERVICES - AIR OPERATIONS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TYPE SERVICE:

DATES

FROM:
TO:

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:

CLASSIFICATION: * * * * * * UDS 5351 R
JAN90

FORMAT 5360 - SERVICES - SEACRAFT

NOTE: This format is used to describe the services required by the Requesting Agency seacraft while in harbor.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TYPE SEACRAFT:
Enter the specific type or model designation of the seacraft, i.e., C-3, Enterprise Class, etc.

HARBOR:
Enter the name of the harbor(s) wherein the seacraft will be serviced.

DURATION:
Enter in the total number of days per designated calendar year the seacraft will be in the harbor specified in TYPE SEACRAFT entry. Provide the information for as many years as can be realistically estimated.

SERVICES:
Identify all services not covered elsewhere (Format 5361) which are required for the seacraft while in the harbor. Include requirements for docking facilities, loading and unloading facilities, electrical power, maintenance, supplies, etc.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5360 - SERVICES - SEACRAFT

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TYPE SEACRAFT:

HARBOR:

DURATION

DAYS:
CY:

SERVICES:

CLASSIFICATION: * * * * * * UDS 5360 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 5361 - SERVICES - MARINE OPERATIONS

NOTE: This format is used by the Requesting Agency to list requirements for Marine Operations not covered elsewhere in this document. Services to be requested on this format are:

- Harbor services
  - Harbor control
  - Channel markers
  - Moorings
  - Wharf docks
- Boat control
  - Tug boat operations
  - Inter-Atoll boats
    - Manning
    - Scheduling
- UDT Operations
- Surface craft
  - SAR boats
  - VIP boats
- Salvage Operations
- Maintenance
  - Emergency Repair
  - Repair Parts
- Dock services
  - Boat Refueling

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TYPE SERVICE:
Identify the required service.

DATES:
Enter dates (month and year) the service is required.

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:
State briefly the need for service requested and include any clarifying remarks. Should the required service need special instructions, enter these instructions in this entry. When applicable, enter the name of the contractor(s) and contract number(s) for which this service/support is required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5361 - SERVICES - MARINE OPERATIONS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TYPE SERVICE:

DATES

FROM:
TO:

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:

FORMAT 5370 - SERVICES - CHEMICAL CLEANING

NOTE: This format is used by the Requesting Agency to list all requirements for chemical cleaning.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

COMPONENT/SYSTEM:
Enter the name/description of all components or systems by proper nomenclature, e.g., globe valve, hydraulic pump, etc. Give descriptive size and constituent material, e.g., Teflon, carbon steel, copper and copper alloys, stainless steel (martensitic, ferretic, austenitic, etc.).

Enter the quantity of components and/or systems to be cleaned.

Enter the applicable drawing/specification number for the component/system. Drawing and specifications are to be provided to the Support Agency.

CLEANING REQUIREMENT:
Describe the cleaning requirement or reference the applicable cleaning specification. A list of special tools, if required for specific components, should be included.

SERVICE:
Enter the type of service associated with the use of the component/system, gaseous nitrogen hydraulic, liquid oxygen, hydrogen peroxide, etc.

REMARKS:
Enter additional information, as necessary, to clarify the requirement. When applicable, enter the name of the contractor(s) and contract number(s) for which the service/support is required. Identify any hazard associated with the cleaning process. (Refer to Sections 1800, 1810 and 5307.)

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5370 - SERVICES - CHEMICAL CLEANING

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

COMPONENT/SYSTEM

NAME/DESCRIPTION:

QUANTITY:
SPECIFICATION:

CLEANING REQUIREMENT:

SERVICE:

REMARKS:

CLASSIFICATION: * * * * * * UDS 5370 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 5380 - SERVICES - PURCHASE OF EQUIPMENT AND SUPPLIES

NOTE: This format is used by the Requesting Agency to list equipment or supplies to be purchased by the Support Agency.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

NAME/DESIGNATION:
List the equipment or supplies to be obtained by the Support Agency.

MILITARY SPECIFICATION NUMBER:
Enter the number of the military specification which identifies and defines the entry in NAME/DESIGNATION.

FEDERAL STOCK NUMBER:
Enter appropriate number which identifies the item in NAME/DESIGNATION entry.

UNITS:
Enter the quantity or amount required.

ESTIMATED COST:
Enter the approximate cost of the item required.

QUANTITY REQUIRED/QTR:
Estimate the quantity or amount of the item in NAME/DESIGNATION entry required per quarter for each of the 3 years should the program continue for that period. Indicate calendar year (CY).

REMARKS:
Enter any remarks necessary to clarify entries made. List only those procurement items not covered elsewhere in the document.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5380 - SERVICES - PURCHASE OF EQUIPMENT AND SUPPLIES

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

NAME/DESIGNATION:

MILITARY SPECIFICATION NUMBER:

FEDERAL STOCK NUMBER:

UNITS:

ESTIMATED COST:

QUANTITY REQUIRED/QTR

CY:				CY:				CY:			
1	2	3	4	1	2	3	4	1	2	3	4

REMARKS:

CLASSIFICATION: * * * * * * UDS 5380 R
JAN90

FORMAT 5400 - LABORATORY

NOTE: This format is used by the Requesting Agency to specify general laboratory requirements. Specific analysis requirements are noted on Format 5410.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( ):
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. Define the requirement for laboratory support. Identify general types of tests required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5400 - LABORATORY

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

FORMAT 5405 - LABORATORY - TECHNICAL SHOPS AND LABS

NOTE: This format is used by the Requesting Agency to list requirements for Technical Shops and Labs Services. Technical Services include:

Electrical
Mechanical
Optical
Photo
Chemical
Other

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TYPE SERVICE:
Identify the required service.

DATES:
Enter dates (month and year) for service required and estimated number of days per month service is required.

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:
State briefly the need for service requested and include any clarifying remarks. Should the required service need special instructions, enter these instructions in this entry. When applicable, enter the name of the contractor(s) and contract number(s) for which this service/support is required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5405 - LABORATORY - TECHNICAL SHOPS AND LABS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TYPE SERVICE:

DATES

FROM:
TO:
NUMBER OF DAYS PER MONTH:

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:

CLASSIFICATION: * * * * * * UDS 5405 R
JAN90

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5410 - LABORATORY - CHEMICAL AND PHYSICAL ANALYSIS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

NAME/DESIGNATION:

MILITARY SPECIFICATION NUMBER:

DETAILS OF ANALYSIS REQUIRED:

SAMPLING TIMES:

REMARKS:

CLASSIFICATION: * * * * * *

FORMAT 5420 - LABORATORY - SPECIAL ENVIRONMENT

NOTE: This format is used to describe unique environmental requirements with respect to data storage, quarantine of personnel, sample, equipment or experiment handling or working conditions. For example, requirements for film storage, quarantine of space travelers, handling of lunar or planetary samples or lighting requirements for work or photography.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Describe the nature of the item requiring a special environment. Give details of required atmosphere, thermal properties, radiation, shielding, lighting intensity or any other parameter required to define the environment.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5420 - LABORATORY - SPECIAL ENVIRONMENT

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

CLASSIFICATION: * * * * * * UDS 5420 R
JAN90

FORMAT 5500 - MAINTENANCE

NOTE: This format is used by the Requesting Agency to specify general maintenance requirements (exclusive of equipment requiring calibration).

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( ):
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. Enter the requirements for shop services such as sheet metal fabrication, carpentry, painting, welding, machining, etc. Include estimate of the number of hours for each type shop service required, if known.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5500 - MAINTENANCE

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

CLASSIFICATION: * * * * * * UDS 5500 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 5510 - MAINTENANCE - BUILDINGS AND GROUNDS

NOTE 1: This format is used by the Requesting Agency to list requirements for Buildings, Grounds and Equipment Maintenance Services. Services to be requested on this format are:

Building maintenance	Grounds maintenance
Carpentry	Labor
Plumbing	Equipment
Electrical	Equipment
Air conditioning/heating	Fixed or portable
Painting	Weight handling
Janitorial	Transportation
	Office
	Construction

NOTE 2: Test instrument maintenance and calibration is covered on Format 6010.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TYPE SERVICE:
Identify the required service.

DATES:
Enter dates (month and year) the service is required.

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:
State briefly the need for maintenance requested and include any clarifying remarks. Should the required maintenance need special instructions, enter these instructions in this entry. When applicable, enter the name of the contractor(s) and contract number(s) for which this maintenance is required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5510 - MAINTENANCE - BUILDINGS AND GROUNDS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TYPE SERVICE:

DATES

FROM:
TO:

PURPOSE AND REMARKS/SPECIAL INSTRUCTIONS:

CLASSIFICATION: * * * * * * UDS 5510 R
JAN90

PRD/OR PREPARATION INSTRUCTIONS

FORMAT 5600 - FACILITIES

NOTE: This format is used by the Requesting Agency to specify the assignment, reassignment, or programming of facilities.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

LOCATION:
Indicate the location, i.e., installation, island, etc.

TYPE OF FACILITY:
List facilities to include such items as:

Administrative Space	Missile Assembly (building(s))
Hangar	Aircraft Ramp Space
Shops and Laboratories	Warehouses
Open Storage	Blockhouses
Launch Pads	Missile Static Checkout Pads
Guidance Buildings	Static Engine-Run Pads and
Electrical Power	Compass Rose
Runway and/or Skid Strip	Loading Pits or Ramps

SITE DESIRED:
Indicate specific area where the facility is required.

STATUS:
Indicate by checking in the appropriate entry whether the requested facility has already been assigned to the program, whether it is an existing facility, or whether an entirely new facility must be constructed.

SCHEDULE:
Indicate the schedule for facility occupying requirements. Indicate calendar year (CY).

REMARKS:
Enter additional information, as necessary, to clarify the requirement. When applicable, enter the name of the contractor(s) and contract number(s) for which the service/support is required. In units of 1,000 square feet, enter the net usable space required for each type in the applicable CY half-year. Include with the space requirement the estimated number of occupying personnel, e.g., 2.5/16.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5600 - FACILITIES

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

LOCATION:

TYPE OF FACILITY:

SITE DESIRED:

STATUS

ASSIGNED:
EXISTING:
NEW:

SCHEDULE

CY:				CY:				CY:			
1	2	3	4	1	2	3	4	1	2	3	4
---	---	---	---	---	---	---	---	---	---	---	---

REMARKS:

CLASSIFICATION: * * * * * * UDS 5600 R JAN90

FORMAT 5610 - FACILITIES - DRAWINGS

NOTE: This format is used to provide drawings which complement the requirements presented on Format 5600 - Facilities.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT:
Enter a plot plan showing the desired location of the individual facility requirement for each item listed on Format 5600. Specify how each facility is related to other items. Cross reference all of the drawings, reports, site plans, letters, preliminary design criteria, etc., which are submitted directly to the Support Agency as a detailed definition and description of the utilities and scope of facilities required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5610 - FACILITIES - DRAWINGS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT:

CLASSIFICATION: * * * * * * UDS 5610 R
JAN90

FORMAT 5620 - FACILITIES - LAUNCHER AND PLATFORM CHARACTERISTICS

NOTE: This format is used to provide a description of the launcher and platform characteristics.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

TYPE OF LAUNCH PAD/PLATFORM: Indicate land, ship, plane, etc., stationary or portable.

SIZE OF LAUNCH PAD/PLATFORM: Enter overall dimensions.

LOCATION OF LAUNCH PAD/PLATFORM:
Enter pertinent launcher location requirements, e.g., location with respect to coast line for landbased or underwater platforms.

TYPE OF SIMULATOR:
If a launch platform simulating ship, submarine, or other launch platform will be required at the Support Agency location, indicate type. State if simulator to be used at the Support Agency location is to be furnished by the Requesting Agency (RA) or Support Agency (SA).

DESCRIPTION OF LAUNCH PAD/PLATFORM:
Describe pertinent launch pad or platform characteristics, e.g., construction, special instruments, special power requirements, cooling water, etc.

TYPE OF LAUNCHER:
Enter launcher type, e.g., zero length, rail, etc. Indicate whether launcher will be furnished by the Requesting Agency (RA) or Support Agency (SA).

SIZE OF LAUNCHER: Enter overall dimensions of launcher.

LAUNCHER WEIGHT: Enter launcher weight.

LAUNCHER AZIMUTH:
Enter launcher azimuth arc in degrees, desired accuracy of launcher position, and required accuracy of launcher position.

LAUNCHER ELEVATION:
Enter launcher elevation as referenced to horizontal, desired accuracy of launcher position, required accuracy of launcher position.

DESCRIPTION OF LAUNCHER:
Describe pertinent launcher characteristics, e.g., construction, special features, maintenance, etc.

DESCRIPTION OF LAUNCH OPERATION:
Describe briefly and in sequence the tasks involved in placing the missile on the launcher and in preparing the missile for launch. Include salvo launch preparation, if any, dry runs, and captive A/A, A/S tests.

DESCRIPTION OF POSITIONING METHODS AND EQUIPMENT:
Describe the methods and equipment used to position the launcher in azimuth and elevation, and for measuring launcher position.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

5620 - FACILITIES - LAUNCHER AND PLATFORM CHARACTERISTICS

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

TYPE OF LAUNCH PAD/PLATFORM:
SIZE OF LAUNCH PAD/PLATFORM:
LOCATION OF LAUNCH PAD/PLATFORM:

TYPE OF SIMULATOR: RA( ) SA( )

DESCRIPTION OF LAUNCH PAD/PLATFORM:

TYPE OF LAUNCHER: RA( ) SA( )

SIZE OF LAUNCHER:
LAUNCHER WEIGHT:
LAUNCHER AZIMUTH:
ATTITUDE:
POSITION ACCURACY DESIRED:
POSITION ACCURACY REQUIRED:

LAUNCHER ELEVATION:
ATTITUDE:
POSITION ACCURACY DESIRED:
POSITION ACCURACY REQUIRED:

DESCRIPTION OF LAUNCHER:

DESCRIPTION OF LAUNCH OPERATIONS:

DESCRIPTION OF POSITIONING METHODS AND EQUIPMENT:

CLASSIFICATION: * * * * * * UDS 5620 R
JAN90

FORMAT 6000 - OTHER SUPPORT

NOTE: This format is used by the Requesting Agency to specify support requirements not covered in other UDS sections of the document.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REQUIREMENT( ) INFORMATION( ):
Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. Define the support for requirements not previously stated in the document.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

6000 - OTHER SUPPORT

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):

FORMAT 6010 - OTHER SUPPORT - TEST INSTRUMENT MAINTENANCE AND CALIBRATION

NOTE: This format is used to plan and schedule test instrument calibration on a periodic basis. Each missile or vehicle contractor and subcontractor, Requesting Agency, and organization which requires maintenance and calibration service for its precision electronic or mechanical test instruments will list its instruments on this format. Do not combine electrical and mechanical instruments on the same format.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

PRECISION ELECTRONIC OR MECHANICAL MEASURING EQUIPMENT

NAME/DESIGNATION:
Identify the precision electronic or mechanical measuring instrument which will be used at the Support Agency location, i.e., multimeter, voltage meter, frequency meter, etc.

RANGE OR SCALE AND UNITS:
Enter the range(s) or scale(s) of each item listed. Indicate the unit of measure, i.e., dcV, acV, A, etc.

NAME OF MANUFACTURER:
Enter the name of the manufacturer of the instrument listed.

MODEL NUMBER:
Enter the model number of the instrument listed.

SERIAL NUMBER:
Enter the serial number of the instrument listed.

CALIBRATION:
Enter the desired calibration cycle in months and the number of days allowed for the calibration of the instrument listed. Indicate whether the instrument listed will require calibration in place. If yes, complete the information required under ACCURACY REQUIRED.

ACCURACY REQUIRED:
Enter the accuracy required if other than the manufacturer's recommended or stated accuracy.

UNITS:
Enter a 3 year forecast of the number of units of the instrument requiring calibration service. The first quarter of the forecast will be the quarter in which the first instruments will be submitted for calibration. Indicate calendar year (CY).

REMARKS:
Enter additional information, as necessary, to clarify the requirement. When applicable, enter the name of the contractor(s) and contract number(s) for which the service/support is required.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

6010 - OTHER SUPPORT - TEST INSTRUMENT MAINTENANCE AND CALIBRATION

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

PRECISION ELECTRONIC OR MECHANICAL MEASURING EQUIPMENT

NAME/DESIGNATION:
RANGE OR SCALE AND UNITS:
NAME OF MANUFACTURER:
MODEL NUMBER:
SERIAL NUMBER:

CALIBRATION

CYCLE MONTHS:
TIME(DAYS):
IN PLACE: YES( ) NO( )

ACCURACY REQUIRED:

UNITS

CY:				CY:				CY:			
1	2	3	4	1	2	3	4	1	2	3	4
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REMARKS:

CLASSIFICATION: * * * * * * UDS 6010 R JAN90

FORMAT 6020 - OTHER SUPPORT - REQUIREMENTS FOR SUPPORT AGENCIES

NOTE: This format is used by the lead Range/Support Agency to list support needs to other Support Agencies to accomplish Requesting Agency requirements.

ITEM NO.: Follow the preparation instructions for Format 1000.

REQUESTER: Follow the preparation instructions for Format 1000.

SUPPLIER: Follow the preparation instructions for Format 1000.

TEST CODE: Follow the preparation instructions for Format 1000.

REFERENCE UDS SECTION/ITEM NUMBER:
Enter the UDS Section number and requirement Item number of each Support Agency requirement in this entry.

REQUIREMENT:
Enter the support requirements categorically, e.g., metric data, telemetry recording, communication recording, etc. Specific requirements for the Support Agency must be identified if they consist of only a portion of the total requirement above.

DATA PRIORITY:
Indicate whether the data requirement is mandatory (M), required (R), or desired (D). (See UDS Handbook, Volume 1, Chapter 3, for further explanation of priority.)

COMMENTS:
Enter any appropriate comments identifying the requirement by the UDS Section/Item Number for each entry. Enter "Support Agency Requirement" if it is (is also) levied by the lead Range/Support Agency.

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

6020 - OTHER SUPPORT - REQUIREMENTS FOR SUPPORT AGENCIES

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:

REFERENCE UDS SECTION/ITEM NUMBER	REQUIREMENT	DATA PRIORITY

COMMENTS:

CLASSIFICATION: * * * * * * UDS 6020 R JAN90

FORMAT GENERAL

NOTE: This format is used anywhere in the document where narrative or graphic data cannot be presented on the prescribed numbered (UDS section) format. It may also be used to supplement the prescribed format when additional space is required for expanded data entry.

(UDS SECTION NO. - TITLE):

Enter thee UDS section number and title from the UDS document outline for the appropriate section used.

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT ( ) INFORMATION ( )

Indicate whether each item number submitted is a requirement for support from the Support Agency or is submitted for informational purposes only. Enter the requirement or information desired.

CLASSIFICATION: * * * * * *

PROGRAM TITLE:
DOC TYPE/NO.: REVISION: DATE:

ITEM NO.:
REQUESTER:
SUPPLIER:
TEST CODE:
REQUIREMENT( ) INFORMATION( ):